

Request to Terminate an Academic Degree Program or Administrative/Research Unit

1. Institution	
2. Type of Termination (check one)	
A. Academic Program (If A, complete <i>all</i> remain	ning sections)
B. Administrative Unit (If B, skip sections 3, 4, 5	5, and 6)
C. Research Unit – Center or Institute (If C, ski	p sections 3, 4, 5, and 6)
3. Degree Designation. (BA, MS, PhD, etc.)	
4. Title and CIP Code.	
5. Semester/year at which no new enrollments will be accepted.	
6. Teach-out plan, including semester/year at which reporting of degrees shall cease.	
7. Approval date for termination by management be	oard.
8. Reason for request. (Ex: low demand, job opportur sources, etc.)	nities, changing focus, program duplication, loss of funding
Explanation:	
* In the explanation include statements which address the impact of the termination upon remaining programs/units (if applicable). For example, a request to terminate the Department of Chemistry should also include information about the academic programs in that Department – will they be maintained or terminated as well? If maintained, where will they reside? Will the department maintaining these programs be re-named? How will this further affect the administrative structure at the institution?	
9. If collaboration with other institutions is involved must submit a separate request form.	d, identify partners. Each participating institution
10. Program/Unit Contact (name, title, email address,	telephone number)
Campus Head:	Date:
Management Board:	Date:

(Append documentation to this form.)