## DISCONTINUATION OF COURSE/PROGRAM FORM

|  |  |
| --- | --- |
| ACADEMIC AREA: | SELECT YOUR ACADEMIC AREA |
| PROGRAM: | SELECT YOUR PROGRAM |
| PROPOSEd by:  | click here to tYPE IN NAME OF FACULTY MEMBER SUBMITTING PROPOSAL |
| PRESENTER: | click here to tYPE IN NAME OF FACULTY MEMBER presenTING PROPOSAL |
| SUBMISSION DATE: | CLICK HERE TO SELECT THE DATE OF SUBMISSION |

### SECTION I

|  |  |
| --- | --- |
| PLEASE SELECT ONE OF THE FOLLOWING:  | CHOOSE ONE |

### SECTION iI (Complete for *Program* discontinuation)

|  |  |
| --- | --- |
| ENTER PROGRAM NAME:  | SELECT PROGRAM |
| EXPLAIN THE NATURE OF THE ACTION: | Click here to enter text |
| Teach out plan attached | SACS requires a teach out plan for the discontinuation of programs or certificates. attach a list of students currently seeking the degree or certificate and the plan for these students to complete their program or certificate according to each student’s catalog year. |

**iF THIS PROGRAM DISCONTINUATION WILL REQUIRE DISCONTINUING COURSES, PLEASE COMPLETE SECTION III.**

### SECTION iiI (Complete for *Course* discontinuation)

|  |  |
| --- | --- |
| WILL THIS course discontinuation HAVE AN IMPACT ON OTHER COURSES, PROGRAMS OR DEPARTMENTS? | SELECT ANSWER |
| eXPLAIN (include the programs, departments and/or courses this change will affect): | Click here to enter text |
| IF YES, HAVE YOU DISCUSSED THIS PROPOSAL WITH ANYONE (FROM OTHER DEPARTMENTS AND/OR PROGRAMS) REGARDING THE IMPACT? WERE ANY AGREEMENTS MADE?  | Click here to enter next |

**ENTER COURSES TO BE DISCONTINUED:**

|  |  |
| --- | --- |
| COURSE PREFIX AND NUMBER | COURSE TITLE |
|  |  |
|  |  |
|  |  |

### SECTION IV

**PROVIDE JUSTIFICATION FOR CURRICULUM ACTION (OTHER EXPLANATORY INFORMATION):**

Click here to enter text

**nOTE:** Changes for the Fall 2014 Term must be submitted by the January 2014 deadline and approved no later than the February 2014 Curriculum Committee meeting prior to the start of the next academic year. Changes during mid-school year are NOT permitted. Extreme circumstances will require approval from the appropriate dean as well as the Vice President, Academic Affairs to begin in either the spring or summer term.

**TERM IN WHICH PROPOSED ACTION WILL TAKE PLACE:**

SELECT EFFECTIVE TERM

TYPE IN TERM IF “EXCEPTION” AND OBTAIN BOTH SIGNATURES BELOW OR TYPE “NA”

**oRDER OF APPROVAL FOR EXCEPTIONS IS AS FOLLOWS:**

SIGNATURE #1 NEEDED FOR EFFECTIVE TERM EXCEPTION:

SIGNATURE #2 NEEDED FOR EFFECTIVE TERM EXCEPTION:

**FACULTY ENDORSEMENTS:**PLEASE SEPARATE FACULTY MEMBERS WITH A COMMA (,)



**DEPARTMENT CHAIR / PROGRAM COORDINATOR ENDORSEMENT:**

 PLEASE SELECT TODAY’S DATE

**DEAN ENDORSEMENT:**

 PLEASE SELECT TODAY’S DATE

**DEANS’ COUNCIL Review – verified by:**

 PLEASE SELECT TODAY’S DATE

**sacs liasion endorsement:**

 PLEASE SELECT TODAY’S DATE

*All discontinued programs or certificates may require a*

*teach out plan to be submitted to SACS prior to implementation.*

**CURRICULUM COMMITTEE MEETING DATE:** select meeting date

Completed curriculum proposals must be uploaded to Dropbox by the deadline. Please refer to the *Curriculum Committee Critical Dates for Submission of Proposals* document available in the document manager in the MyEdisonState Portal:

* Document Manager
* VP Academic Affairs
* Curriculum Process Documents