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**Academic Program Teach Out Plan**

**Program or Certificate Information**

|  |  |
| --- | --- |
| Program or Certificate Title | Enginering Technology Support Specialist, CCC |
| Program or Certificate Code | CCC |
| Program or Certificate Total Credit Hours | 18 Credit Hours |
| Semester the Program or Certificate is to be Removed from the College Catalog | Fall 2021 |
| Total Number of Students Enrolled | 0 |
| Contact Person | John Montoya |

**Reason for Deletion**

Choose an item. If other please specify:

|  |
| --- |
| **Provide a summary of the effect on students to include the plan to allow them to complete or to choose other options such as changing to a new program.** |
| **There are no students in this program, thus the impact is to effect no student schedule.** |

**Program Completion Option**

Based on current enrollment, identify the students who will be given the option of completing the program. Include the intended method of notification. Enrolled student(s) must be reviewed each semester to ensure that timely progression is maintained and progressions issues are resolved.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STUDENT NAME** | **FSW ID** | **STUDENT STATUS** | | **NOTIFICATION METHOD** | **Intended Notification DATE** |
| **Full-Time** | **Part-Time** |
| N/A There are not enrolled students |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Expand as needed |  |  |  |  |  |

**Course Mapping Throughout the Teach Out**

Map course requirements for the teach out period per year and based on estimated student enrollment patterns. The course end date should reflect a normal, timely progression for both full-time and part-time students. Course offerings should be scheduled to maximize class size.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STUDENT NAME** | **FSW ID** | **STUDENT STATUS** | | **NOTIFICATION METHOD** | **Intended Notification DATE** |
| **Full-Time** | **Part-Time** |
| N/A There are not enrolled students |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Expand as needed |  |  |  |  |  |

**Program Transfer Options**

Based on current enrollment in the above program or certificate, identify students who may elect to transfer to another program.

|  |  |  |  |
| --- | --- | --- | --- |
| **STUDENT NAME** | **FSW ID** | **NEW PROGRAM TITLE** | **Proposed EFFECTIVE TERM** |
| N/A There are not enrolled students |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Expand as needed |  |  |  |

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| --- |
| **Provide a summary of the effect on faculty and staff to include: the number of faculty and staff teaching/working in the program and the plan for them.** |
| N/A There are not faculty dedicated to this program. |

***Sample student letter – transfer into new program***

{{Date}}

{{Student Name}}

{{Address}}

{{City, State, Zip}}

Dear {{Student Name}}:

Florida SouthWestern State College, with the involvement of the {{name of program}} administration, faculty, staff and advisory committee, has decided to inactivate the {{AS, CCC, and/or PSAV}} program. The program inactivation will be effective with the {{fall/spring/summer}} term {{year}}.

Arrangements have been made to transfer your course work into the {{name of new program}}. You should contact your Program Director {{program manager’s name}} or academic advisor {{academic advisor’s name}} as soon as possible to be sure that your records are correct and up to date. They will be able to advise you in more detail and make suggestions concerning future academic and career decisions.

I encourage you to consider your academic goals and explore your options with an advisor. I wish you well in your future academic pursuits at Florida SouthWestern State College.

Sincerely,

{{Your Name}}

{{Title}}

***Sample student letter – continue in program until end-term***

{{Date}}

{{Student Name}}

{{Address}}

{{City, State, Zip}}

Dear {{Student Name}}:

Florida SouthWestern State College, with the involvement of the {{name of program}} administration, faculty, staff and advisory committee, has decided to inactivate the {{AS, CCC, and/or PSAV}} {{degree/vocational}} program. The program inactivation will be effective with the {{fall/spring/summer}} term {{year}}.

The {{name of program}} will be closed to any new student enrollment effective {{fall/spring/summer}} term {{year}}. You will be permitted to continue in the program; however, you must complete all of your required course work by the {fall/spring/summer}} term {{year}}. After this date, no further course work in this program of study will be offered. You should contact your Program Director {{program manager’s name}} or academic advisor {{academic advisor’s name}} as soon as possible to be sure that your records are correct and up to date. They will be able to advise you in more detail and make suggestions concerning future academic and career decisions.

I encourage you to consider your academic goals and explore your options with an advisor. I wish you well in your future academic pursuits at Florida SouthWestern State College.

Sincerely,

{{Your Name}}

{{Title}}