**NOTE: A Program or Certificate and its associated courses that are to be discontinued on the same effective date may be listed on a single form. If more than one Program or Certificate is being Discontinued, please submit a proposal for each.** **One or more additional Course Discontinuation Proposals may be required later** (e.g., for courses included in a teach-out plan).

**SECTION I: KEY INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Submission Date** | Click or tap to enter a date. | |
| **Proposed by (faculty only)** | List faculty name(s) | |
| **Presenter (faculty only)** | List faculty name(s) | |
| **NOTE:** *Faculty presenter* must be present at the Curriculum Committee meeting or the proposal will be returned to the School to be resubmitted for a later date. | | |
| **School** | Choose an item. | |
| **Proposed Discontinuation(s): Please select an action from the drop-down menu.** | | Choose an item. |

**SECTION II: TERM IN WHICH ACTION WILL BECOME EFFECTIVE**

|  |  |
| --- | --- |
| **note:** **Program, Certificate, and Course Discontinuations must be submitted by the dates listed on the published Curriculum Committee Calendar.** Most actions approved in the Fall semester take effect in the following academic year. Actions approved in the Spring semester take effect after one additional year. Course Discontinuations may take effect sooner. **Exceptions to published deadlines or effective dates must receive approval from the Academic Dean and Provost.** | |
| **Academic term in which approved action will take effect** | Choose an item. |
| **If requesting an exception to the effective date, provide an explanation below.** | |
| Explanation for exception: | |

**SECTION III: COMPLETE for PROGRAM or CERTIFICATE DISCONTINUATION**

|  |  |
| --- | --- |
| **Program or Certificate to be discontinued** | List name of program or certificate |
| **Justification for proposed discontinuation:** | |
| Please provide explanation for why this program or certificate is being discontinued. | |
| **NOTE:** Justifications may include state frameworks, accrediting or professional recommendations or requirements, workforce data, etc. Please submit meeting Minutes from Advisory Board, Faculty, and/or Ad Hoc Committees who have endorsed this discontinuation in **Section VI.** | |

**SECTION IV: COMPLETE for COURSE DISCONTINUATION(S)**

|  |  |
| --- | --- |
| **List course(s) to be discontinued** (add rows if necessary) | |
| **Course Prefix and Number** | **Course title** (as listed in the catalog) |
|  |  |
|  |  |
|  |  |

**SECTION V: ENDORSEMENTS**

|  |
| --- |
| **Faculty Endorsements for Program, Certificate, and/or Course Discontinuation(s)**  **NOTE: Proposals will be returned if faculty endorsements are not provided.** |
| Type names of program/department faculty who support this proposal |

**SECTION VI: ATTACHMENTS**

**Please save all documents in Word format (.doc, .docx) rather than pdf.**

* **Justification attachments:**

**Please upload any attachments that justify the proposed Program, Certificate, or Course Discontinuations.** Supporting documentation may include state frameworks, accrediting or professional recommendations or requirements, workforce data, etc. Please submit meeting Minutes from Advisory Board, Faculty, and/or Ad Hoc Committees who have endorsed this discontinuation.

**UPLOAD THIS PROPOSAL AND ALL NECESSARY ATTACHMENTS TO CURRICULOG.**