

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

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| **1. Institution** |
| **2. Type of Termination (check one)**  \_\_\_\_\_ A. Academic Program (If A, complete *all* remaining sections)  \_\_\_\_\_ B. Administrative Unit (If B, skip sections 3, 4, 5, and 6)  \_\_\_\_\_ C. Research Unit – Center or Institute (If C, skip 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. Reason for request.** (Ex: low demand, job opportunities, changing focus, program duplication, loss of funding sources, etc.)  **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? Append documentation to this form.* |
| **8. If collaboration with other institutions is involved, identify partners. Each participating institution must submit a separate request form.** |
| **9. Program/Unit Contact** (name, title, email address, telephone number) |
| **Campus Head:** **Date:** |
| **Management Board:**  **Date:** |

*For Academic Program Termination: note the SACS/COC requirements (Substantive Change) for notification, teach-out plan/agreement, and request for SACS approval following BOR approval. Send BOR/AcAf a copy of the SACS/COC response to finalize the action.*