**Instructions for completion:**

1. **Complete Part A: Overview**
2. **For each degree and certificate in the program, complete Part B: Proposed Degree Revisions (See separate Part B document)**
3. **Complete Part C: Signatures**
4. **Submit completed Parts A-C to the Office of Instruction**

**PART A: OVERVIEW**

|  |  |
| --- | --- |
| **Your Name and Title:** | .Enter your name and title here. |
| **Title of Program Being Inactivated** | Enter Program title here.. |

**Proposal Summary** – Please include:

* Rationale for Program inactivation
* The impact on other programs or areas
* Personnel, facility, and budgetary implications
* The course numbers of courses affected

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**Please affirm that you have discussed the proposed inactivation with:**

* Department chair/director
* Applicable deans at all campuses
* Registrar
* Vice President of Instruction
* Financial Aid
* Veterans’ Services

**PART C: SIGNATURES**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Signatures:** |  |  |  |  |  |  |  |

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| --- | --- | --- | --- |
| Chair/Director: | | Date: | |
|
| Dean: | | Date: | |
|
| Registrar: | | Date: | |
|
| Curriculum Council Reviewer: | Vote Results: | | Date: |
| Curriculum Council Chair: | | Date: | |
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