



Graduate Program Recommendation Form - INACTIVATIONS

This form is to be used to INACTIVATE degree programs, tracks, or certificate programs.

Please refer to the Graduate Council Curriculum Meeting Schedule for submission deadlines.

Checklist of Items to be attached with completed form:

- Checklist items: If applicable, a written agreement from all involved units... To terminate all degree programs... If applicable, attach a teach out plan.

College / Unit(s) Submitting Proposal:

INACTIVATION - Proposed Effective Term / Year:

The program will be removed from the online application and new students will not be able to apply. Students active in the program are eligible to complete the program under the appropriate criteria and an appropriate teach out plan is required. The program will be removed from the graduate catalog as of the approved term.

Unit(s) Housing Program:

Name of program, track and / or certificate:

Please check all that apply. This action affects a: Program Track Certificate

If the inactivation applies to multiple tracks, please list them here:

Brief description of program and rationale for the inactivation:

Large empty rectangular box for program description and rationale.

Impact on Current Students

Are students currently enrolled in the program? Yes No

If yes, number of current students: _____

Attach a “teach out” plan for all current students specifying how they can finish the program or where students will be placed if moving to another program. The “teach out” plan should specify when courses will be offered to enable students to finish. Specify whether students will remain in the existing program to finish, and if yes, when the completion date will be, whether students will be moved to another program, etc.

Enter the terms and courses that will be taught for each term throughout the last semester:

Fall	Spring	Summer	Fall	Spring

Signatures

Recommend Approval (all approval levels must be signed)

Graduate Faculty Program Coordinator:

Print: _____ Signature: _____ Date: _____

Department Chair / Director:

Print: _____ Signature: _____ Date: _____

College Academic Standards:

Print: _____ Signature: _____ Date: _____

College Dean:

Print: _____ Signature: _____ Date: _____

Graduate Council:

Print: _____ Signature: _____ Date: _____

Vice President for Research and Dean of the College of Graduate Studies:

Print: _____ Signature: _____ Date: _____

Approval

Provost and Executive Vice President:

Print: _____ Signature: _____ Date: _____

Distribution: After approval is received from the Provost, distribution will be to:

Department(s); College; Registrar; Associate Registrar; Institutional Knowledge Management; Academic Services;
College of Graduate Studies