

**ACADEMIC PROGRAM ELIMINATION/DEACTIVATION FORM**

*(Revised May 2014)*

**DIRECTIONS**: *Use this form when proposing to eliminate or deactivate an academic program, degree, major, or primary field of study.*

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| ***Date of AAC Approval:*** |

**DATE OF REQUEST:**

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| ***Date of Board Approval:*** |

**TYPE OF REQUEST:**

Elimination

Deactivation

**INSTITUTION**:

**TITLE OF PROGRAM TO BE ELIMINATED/DEACTIVATED:**

**EFFECTIVE DATE OF ELIMINATION/DEACTIVATION:**

1. **Reason for proposed elimination/deactivation of the program**

1. **Specify plan to phase out the program, including description of how the needs of currently enrolled students will be met**

1. **Impact of closure or deactivation on faculty and staff, and related academic programs**

1. **Describe any impact the program elimination/deactivation will have on accreditation and note any discussions as such that have occurred with the accrediting agency**

1. **Describe the process of notifying other institutions regarding impact of the program closure or deactivation on transfer and articulation**

1. **Fiscal Impact Statement – describe the fiscal impact, if any, that will result from the elimination/deactivation of the program**

*Please attach any supporting documentation (i.e. support letters from community, industry).*