**PROGAM DELETION PROPOSAL**

**All forms must be submitted with:**

**Department minutes showing discussion/approval and signed hard copy to Academic Affairs.**

**Fill in all sections (1 - 2) AND separate TEACH OUT PLAN form**

|  |
| --- |
| **Section 1 – GENERAL INFORMATION** |
| Initiator: Click here to enter text. | Department: Click here to enter text. | Date Submitted: Click here to enter a date. | Effective Term/Year: Click here to enter text. |
| E-mail: Click here to enter text. | Phone Number: Click here to enter text. | State Mandated? [ ] Yes [ ] No |
| **Section 2 – PROGRAM DETAILS Degree Type**: [ ]  A.A. [ ]  A.S. [ ] Technical Certificate [ ]  PSAV |
| CIP Code: Click here to enter text.TCC Program ID: Click here to enter text. | Program Title (no abbreviations): Click here to enter text. |
|  Last Date/Term for Admission to Program: Click here to enter text. |  Number of Students Enrolled: Click here to enter text. |
|  Rational for deleting program - check all that apply:  [ ]  Program Review [ ]  State Mandate [ ]  Low Enrollment, Completion, Placement [ ]  Other (please specify) Click here to enter text.  |

**CURRICULUM PROPOSAL - Signatures**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Person submitting proposal Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean/Director of Division submitting proposal Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean/ Director of other affected Division Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean/ Director of other affected Division Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Provost/ VP for Academic Affairs Date

Office Use only:

Date presented to APC: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date approved by APC: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date approved by BOT: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_