PROGRAM DELETION PROPOSAL
All forms must be submitted with:
Department minutes showing discussion/approval and signed hard copy to Academic Affairs.

Section 1 – GENERAL INFORMATION			
Initiator:	Division:	Date Submitted:	Effective Term/Year:
E-mail:	Phone Number:	State Mandated? ☐Yes ☐No	

Section 2 – PROGRAM DETAILS   **Degree Type**: ☐ B.A. ☐ B.S. ☐ A.A.   ☐ A.S.
☐Technical Certificate   ☐ CTE (PSAV)

CIP Code: TCC Program ID:	Program Title (no abbreviations):
Last Date/Term for Admission to Program:	Number of Students Enrolled:

Rational for deleting program - check all that apply:

☐ Program Review   ☐ State Mandate   ☐ Low Enrollment, Completion, Placement
☐ Other (please specify)

Added Teach-Out section (Further info coming soon)