**Program Termination Addendum**

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| Date: | Effective date: | AY |
| School/College: |  | |
| Program: |  | |
| Location(s) where program is to be terminated: |  | |
| Location(s) where program is to remain (if any): |  | |
| Submitted by: |  | |
| Note: Prior to preparing your plans for program termination, you should communicate with the Office of Institutional Effectiveness and the Office of Enrollment Management. | | |

**Rationale for program termination.**

**Date of closure (date when new students will no longer be admitted):**

An explanation of how affected parties (students, faculty, staff) will be informed of the impending closure (include copies of communications to students)

An explanation of how all affected students will be helped to complete their programs of study with minimal disruption (include teach-out course schedule)

An indication as to whether the teach-out plan will incur additional charges/expenses to the students and, if so, how the students will be notified

# How faculty and staff will be redeployed or helped to find new employment

Catalog copy for all sections of the catalog amended by this termination. Be sure to keep any courses that will continue to be offered, including those needed for the teach-out plan or for any on-going programs that rely on them.