**Program Discontinuance Form (Rev 7/6/2021)***Once the discontinuance of a program is agreed upon as a result of (1) discipline and division dean consensus OR (2) the implementation and outcome of a program revitalization plan, fill out this form within one month of the decision to discontinue.*

Program Title:

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| --- |
|  |

Justification for Discontinuance:

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| --- |
|  |

Effective Term: FALL

Program Courses (SUBJ CAT#, e.g. ACCT 101):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Program Course | Another Program? | Program Course | Another Program? | Program Course | Another Program? |
|  | [ ]  |  | [ ]  |  | [ ]  |
|  | [ ]  |  | [ ]  |  | [ ]  |
|  | [ ]  |  | [ ]  |  | [ ]  |
|  | [ ]  |  | [ ]  |  | [ ]  |
|  | [ ]  |  | [ ]  |  | [ ]  |
|  | [ ]  |  | [ ]  |  | [ ]  |
|  | [ ]  |  | [ ]  |  | [ ]  |
|  | [ ]  |  | [ ]  |  | [ ]  |

For the following items, please be as specific as possible to ensure a teach out plan that adequately addresses student, employee, and equipment concerns.

Teach Out Plan (Schedule for remaining courses to be taught to ensure that students can complete)

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|  |

Student Impact (How many students are currently in the program? What courses do they still need? How have you communicated the discontinuation of the program, the timeline by which they need to complete (the teach out plan), and the options and/or consequences for not taking the courses as scheduled?)

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|  |

Faculty Impact (Will there be an impact on a full-time faculty member’s ability to make load? Is there a plan for retraining, where possible?)

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| --- |
|  |

Classified Staff Impact (Is a permanent employee directly impacted by the discontinuance of this program?)

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|  |

Supply/Equipment Disposal/Donation Plan

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Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Program Approval Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(return to Curriculum Specialist)

**Next Steps/Checklist**

* IPC (now Education, Equity, and Student Success Council) Approval Date:
* Curriculum Committee Approval Date:
* Faculty Senate Approval Date:
* Governing Board Approval Date:
* Instruction/IRP identifies students as part of the program
* COUN communicates the details of the teach out plan to those students; confirms

(Return to Curriculum Specialist, copying the Department Chair and Division Dean and Dean, Counseling, for completion of steps as noted on p. 4 of AP 4021.)

Forward original, signed document to the Instruction Office, attention: Instruction Office Manager