**SECTION 1: GENERAL INFORMATION**

<table>
<thead>
<tr>
<th>Institution:</th>
<th>Date of Submission to BOR Office:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discontinued Program:</td>
<td>CIP:</td>
</tr>
<tr>
<td>Phase Out /Teach Out Period</td>
<td>DHE# (if available):</td>
</tr>
<tr>
<td></td>
<td>Expected Date of Program Termination</td>
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</tbody>
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**Program Characteristics**

Name of Program:  
Degree: Title of Award (e.g. Master of Arts)  
Certificate: (specify type and level)  
Modality of Program:  On ground  Online  Combined  
Institution's Unit (e.g. School of Business) and Location (e.g. main campus) Offering the Program:  
Institutional Contact for this Proposal:  
Title:  Tel.:  e-mail:  

**BOR REVIEW STATUS** *(For Office Use Only - please leave blank)*

- BOR Sequence Number (to be assigned):  
- Log of BOR Steps Towards Discontinuation Approval:  
- Resolution number for BOR Approval:  Date of Approval:  
- Conditions for Discontinuation Approval (if any):
**SECTION 2: RATIONALE AND JUSTIFICATION FOR PROGRAM DISCONTINUATION**

### Narrative

Please consider whether discontinuation a) occurs in the context of a related academic improvement, e.g., the merging of programs with declining enrollment/completions into a new program that effectively addresses relevant state needs and students' interests; b) emerge as a result of the periodic Academic Program Review for all programs at each institution, under the guidance of existing BOR policy; c) other institutional considerations such as redirecting capacity, adoption of new mission, etc. Provide any quantitative information in support of the discontinuation, including any relevant financial information. *Program discontinuation should not impact state priorities for workforce preparation.*

### Phase Out/Teach Out Strategy

Please describe how the institution will ensure that students currently enrolled will be provided opportunities to complete the program. *Provide quantitative information as needed (e.g. enrollments, any special resources needed, etc.)*