**UNIVERSITY OF NORTH CAROLINA**

**REQUEST TO DISCONTINUE**

**A DEGREE PROGRAM, SITE OR DELIVERY MODE**

Date:

Constituent Institution:

Is the program a joint degree program? Yes No

 Joint Partner campus

Title of Authorized Program: Degree Abbreviation:

CIP Code (6-digit): Level: B M I D

CIP Code Title:

If the degree program has associated UNC Teacher Licensure Specialty Area Codes that, upon this discontinuation, should be attributed to a different degree program, then complete the following:

|  |  |
| --- | --- |
| UNC Teacher Licensure Specialty Area Code (one per line; add as needed) | Degree Program to Receive Specialty Area Code |
| Title | Degree awarded | 6-Digit CIP |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Term of Proposed Discontinuation (when new students will no longer be admitted):

term year

1. What type of program discontinuation is being requested? (if b/c/d, one or more can be selected)
2. **Discontinue - Permanent**. (While course offerings already shared across degree programs may continue, the program components will not become a significant or distinct component of another program. Degree program is discontinued in full in Academic Program Inventory (API), including any approved off-campus sites and alternate means of delivery; requires action of Board of Governors)
3. **Discontinue - Delivery**. Eliminate one or more delivery types and keep the program active.
	* \_\_\_\_\_On-campus delivery of program
	* \_\_\_\_\_Online delivery of program
	* \_\_\_\_\_Site-based delivery of program

\_\_\_\_\_Instructor present (off-campus delivery)

\_\_\_\_\_Instructor not present (site-based distance education)

1. **Discontinue - Consolidate**. Program components will become a significant or distinct component in another degree program (e.g. concentration/track).
	* \_\_\_\_\_Existing degree program (BOG approved)
		+ Program title, degree, CIP
	* \_\_\_\_\_New degree program (Request to Establish and BOG approval generally required)
		+ Proposed program title, degree, CIP

If (b) is selected and sites are to be discontinued, please list them (add lines as needed).

|  |  |
| --- | --- |
| Site #1  |  |
|  |  |  |
|   | *(address, city, county, state)* | *(date of site authorization by GA)* |
|  |
| Site #2 |
|  |  |  |
|   | *(address, city, county, state)* | *(date of site authorization by GA)* |
|  |
| Site #3 |
|  |  |  |
|   | *(address, city, county, state)* | *(date of site authorization by GA)* |

1. Explain why the program, site, or delivery mode is being discontinued.
	1. If the program, site or delivery mode addresses high priority needs, how will those needs be addressed by other programs?
	2. Describe how affected parties (faculty, staff, students) will be informed of the impending closure and, where applicable, of any additional charges/expenses to students.
	3. Describe steps to be taken to allow students enrolled in the program, site or delivery mode to complete their courses of study.
2. Discuss the reassignment of any faculty, staff and EHRA non-faculty, including number of each type of personnel to be reassigned.
3. Discuss the discontinuation of the employment of any faculty, staff and EHRA non-faculty, including number of each type of personnel to be discontinued.
4. Discuss reallocation or reduction of costs resulting from each discontinuation(s), including specific amounts related to each discontinuation.
5. Name, title, telephone, and e-mail of contact person for this notification of discontinuation:

This request to discontinue a degree program, delivery mode, or site has been reviewed and approved by the appropriate institutional committees and authorities.

Signature of Chief Academic Officer: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Chief Academic Officer (Joint Campus partner) \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_