**Proposal to Discontinue a Degree Program**

**DEANS:** Send this completed proposal electronically in Word to the Office of the Provost: **provost.deg.changes@wsu.edu**

|  |  |
| --- | --- |
| Degree Title: |  |
|  Academic Program: |  |
|  Academic Plan: |  |
|  Number of Credits: |  |
| Department(s) or Program(s): |  |
| College(s): |  |
| Campus(es): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name: |  | Email Address: |  |
| Contact Phone: |  | \*Proposed start date: |  |

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| Rationale for discontinuing the degree: |
|  |
| Implications for currently enrolled students (how many)? Attach teach out plan. |
|  |
| [ ]  **Attach teach out plan** |
| Impact on or responses of current faculty and staff: |
|  |
| Impact on or responses of other degree programs, departments, colleges or campuses: |
|  |
| Impact on or responses of other stake holders (e.g., advisory or alumni groups): |
|  |

**SIGNATURES: The names typed below certify that the relevant academic and campus officials have reviewed and approved this proposal:**

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| --- | --- | --- | --- |
| Chair Signature: |  | Date: |  |
|  |
| Dean Signature: |  | Date: |  |
| → Submit to the Provost’s Office at [provost.deg.changes@wsu.edu](file:///%5C%5Cpo-fs1.ad.wsu.edu%5Cprovost%5CMary%20Wack%5CDegree%20Change%20Portfolio%5CProposal%20Forms%5Cprovost.deg.changes%40wsu.edu) |
| Everett Chancellor |  | Date: |  |
|  |  |  |  |
| Spokane Chancellor |  | Date: |  |
|  |
| Tri-Cities VCAA |  | Date: |  |
|  |  |  |  |
| Vancouver VCAA |  | Date |  |
|  |
| VP Global Campus  |  | Date: |  |
|  |
| Provost Office: |  | Date: |  |

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| --- |
| Comments: |
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| For Registrar’s Office Use Only: |
| Current CIP Code: |  | New CIP Code: |  | Date: |  |

Send completed form in Word version to: provost.deg.changes@wsu.edu