**Moratorium or Suspension of a Degree Program**

**DEANS:** Use this form to request or remove a moratorium or suspension of a degree program or a certificate of 30 or more credits. Send this completed form in Word version electronically to the Office of the Provost: [provost.deg.changes@wsu.edu](mailto: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: |  | | |
| Contact Phone: |  | Email: |  |
| Action Requested: | | | |
| Moratorium: Begin Date: \_\_\_\_\_\_\_\_\_\_\_End Date: \_\_\_\_\_\_\_\_\_\_\_\_ (Complete items 1-3)  Suspension: Begin Date: \_\_\_\_\_\_\_\_\_\_\_End Date: \_\_\_\_\_\_\_\_\_\_\_\_ (Complete items 1-4)  Remove Moratorium: Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (only complete items 5-7 below)  Remove Suspension: Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (only complete items 5-7 below) | | | |
| 1. **Rationale for moratorium or suspension:** | | | |
|  | | | |
| **2. Potential impact of moratorium or suspension on current students in the program:** | | | |
|  | | | |
| **3. Potential impact of moratorium or suspension on faculty in the program:** | | | |
|  | | | |
| 1. **If requesting a suspension, please indicate whether a closure is under consideration; if so, include a time-line.** | | | |
|  | | | |
| 1. **If requesting to remove a moratorium or suspension, please indicate the conditions under which the program moratorium or suspension no longer apply.** | | | |
|  | | | |
| 1. **If requesting to remove a moratorium or suspension, please indicate the resources from faculty and staff needed to reinstate the program are available, and whether there will be any potential impacts to other programs if reinstated.** | | | |
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| 1. **If removing the program from suspension status, please explain the market demand for the program and a specific plan of sustainability for the program.** | | | |
|  | | | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Chair Signature: |  | Date: |  |
|  | | | |
| Dean Signature: |  | Date: |  |
|  | | | |
| VP Global Campus |  | Date: |  |
| → Submit to the Provost’s Office at <provost.deg.changes@wsu.edu> | | | |
| Everett Chancellor |  | Date: |  |
|  |  |  |  |
| Spokane Chancellor |  | Date: |  |
|  | | | |
| Tri-Cities VCAA |  | Date: |  |
|  |  |  |  |
| Vancouver VCAA |  | 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: |  |

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