**Proposal to Discontinue a Degree Program**

**Proposals will only be accepted electronically as a Word document to the Office of the Provost when submitted to** [**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): |  |

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| --- | --- | --- | --- |
| Contact Name: |  | Email Address: |  |
| Contact Phone: |  | Proposed effective date: |  |

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| Rationale for discontinuing the degree: |
|  |
| Implications for currently enrolled students? Required information includes: how many students will be affected? **A teach-out plan is also required as an attachment.** |
|  |
| **Teach-out plan is attached** |
| Explain how the decision to discontinue the degree was reached; how specifically the faculty and staff were engaged in the decision and given the opportunity to provide feedback. |
|  |
| Describe how the discontinuation may impact other degree programs, departments, colleges, or campuses. How will the impact be accounted for? |
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| If applicable, describe how the respective external stakeholders (e.g., advisory or alumni groups) were consulted in this decision: |
|  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Chair or Director Signature: |  | Date: |  |
|  | | | |
| Dean Signature: |  | Date: |  |
| ***Signatures are required from the Chancellor(s) if the degree will be offered and/or impact the respective campus:*** | | | |
| Everett Chancellor Signature: |  | Date: |  |
|  |  |  |  |
| Global Chancellor Signature: |  | Date: |  |
|  |  |  |  |
| Spokane Chancellor Signature: |  | Date: |  |
|  | | | |
| Tri-Cities Chancellor Signature: |  | Date: |  |
|  |  |  |  |
| Vancouver Chancellor Signature: |  | Date |  |
|  | | | |
| |  | | --- | | Comments regarding abstention of signature(s) | |  |   **Submit completed form as a Word document to the Provost’s Office at** [**provost.deg.changes@wsu.edu**](mailto:provost.deg.changes@wsu.edu) | | | |
| Provost’s Office Signature: |  | Date: |  |

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