Degree/Certificate Teach Out Plan

NAME OF PROGRAM: _____

JUSTIFICATION OF DELETION OF PROGRAM:

TOTAL # OF STUDENTS IN TEACH OUT PLAN: _____

EFFECTIVE START DATE OF TEACH OUT PLAN: _____

LAST SEMESTER CERTIFICATE OR DEGREE WILL BE AWARDED: _____

NOTE:

List of Courses Needed for Teach Out:	Semesters Courses will be offered:

SIGNATURE OF DEPARTMENT CHAIR: _____ DATE: _____

APPROVED BY CURRICULUM COMMITTEE: _____ DATE: _____

APPROVAL BY FACULTY SENATE: _____ DATE: _____