



Degree/Certificate Teach Out Plan

NAME OF PROGRAM: _____

JUSTIFICATION OF DELETION OF PROGRAM:

Include how students will be notified and who the primary point of contact will be to assist them during the transition.

[Empty box for 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: After this date students will not be eligible to graduate in this program. All students in the Teach Out Plan must have completed the program requirements on or before the date listed above.

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: _____