UAAC/GAAC Academic Program Closure Form

*Please note: This form is only for use in cases where the Program or Department initiates program closure.*

1. **Academic Program to be Closed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Types of Degrees or credential to be closed:  MS  MA  Doctoral**

**BS  BA  Major  Minor  Certificate  Other: \_\_\_\_\_\_\_\_\_\_\_\_**

1. **College/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Academic Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Result of Department/Program Vote in support of closure: \_\_\_\_\_\_\_**
4. **Number of students currently in program: \_\_\_\_\_\_**
5. **Latest possible anticipated date of graduation for remaining enrolled students: \_\_\_\_\_\_\_\_\_**
6. **Effective Academic Year *(last year new students will be accepted)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**
7. **Rationale for academic program discontinuation:**

[Enter Rationale Here]

1. **Impact of the program closure on other programs in the university and the overall mission of the university:**

[Describe Impact Here]

1. **Required Attachments:**

**Verification that units impacted in any way by program closure have been notified.**

**Verification that notification has been sent to University Libraries, Enrollment Management, Office of the Registrar, and Academic Advising Leadership.**

1. **Teach Out Plan:**

[Enter Plan Here]

1. **Approval signatures:**

|  |  |  |
| --- | --- | --- |
| **SLU Approval Authority Signature Date** | | |
| Department Chair / Program Director |  |  |
| Chair of Faculty Assembly |  |  |
| Dean of College/School |  |  |
| Associate Provost for Academic Affairs |  |  |
| Provost |  |  |
| Chair, Academic Affairs Committee of the University Board of Trustees |  |  |
| Chair, Board of Trustees |  |  |