

Reinstate Suspended Undergraduate Program: See [EM 13-057](#)

Program Name: _____

Program named above is (complete only if applicable):

Option within _____
(Degree program name)

____ Minor

Certificate

Attach a rationale for program reinstatement summarizing actions taken to improve the program and the outcomes leading to reinstatement. Include original suspension plan and timeline if available.

Required Signatures

The Department of _____
has reviewed and approved this program reinstatement.

Chair, Department Curriculum Committee

Date _____

Department Chair

Date _____

The College of _____
has reviewed and approved this program reinstatement.

Chair, College Curriculum Committee

Date _____

College Dean

Date _____

Send signature page with rationale attached to Curriculum Services at zip 128