

Discontinue Center or Institute Signature Form

Center/Institute Name: _____

Rationale (attach additional pages if necessary):

Required Signatures

The Department of _____
has reviewed and approved this program discontinuation

Chair, Department Curriculum Committee

Date

Department Chair

Date

The College of _____
has reviewed and approved this program discontinuation

Chair, College Curriculum Committee

Date

College Dean

Date

Dean of Graduate Studies (if applicable)

Date

Send signature page with proposal attached to Curriculum Services zip 128

Curriculum Review Completed

Date

Note: The department will be notified on the of dates for EPPC and Academic Senate review.