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

The proposal to reinstate will be submitted to EPPC for approval. EPPC will notify the Provost of its recommendations. Upon approval of the program reinstatement, notice will be sent to students, advisors, units, and agencies involved in advising or providing information regarding programs on this campus.