**2024-25 Program Deletion Request**

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INSTITUTION AND CONTACT INFORMATION

Institution:

Name of Chief Academic Officer:

Email of Chief Academic Officer:

Date of Governing Board Approval:

PROGRAM INFORMATION

Official Degree Designation and Program Title (e.g., Associate in Science in Cybersecurity, Bachelor of Fine Arts in Music Performance, Master of Science in Accounting)

Program Code (3-digit OSRHE program code)

Approved Program Options (List all current options)

Is this program part of a cooperative agreement?

\_\_Yes \_\_No

Does this change impact an embedded certificate?

\_\_Yes \_\_No

**NOTE:** A separate Modification(s) to Existing Program form is needed for each embedded certificate if the modification of the main program effects the certificate.

Does the CIP Code for this program need to be updated?

\_\_Yes \_\_No

DELETION DETAILS

Are students still enrolled in the program?

\_\_Yes \_\_No If yes, how many students are currently enrolled? \_\_\_\_\_

Will currently enrolled students be able to complete program requirements?

\_\_Yes \_\_No

Expected date of graduation of the last student in the program. \_\_\_\_\_\_\_\_\_\_

Describe teach-out plan, including how students will be accommodated and plan duration.

Provide a summary of reasons for the program deletion.