**MINNESOTA WEST COMMUNITY & TECHNICAL COLLEGE**

## PROGRAM SUSPENSION/CLOSURE

**\*Remove all instructions that are in red prior to submitting**

|  |  |  |  |
| --- | --- | --- | --- |
| Submitted By: | Click to enter your name | Date: | Click arrow for date picker |
| Campus: | Select your Campus | Phone: | Click to enter phone # |
| Program Name: | Click or tap here to enter text. | | |
| Program Degree: | Choose Program Degree. | | |
| Division: | Choose a Division. | | |

**Is this request for a: Program Suspension:  Program Closure:**

**Suspension/Closure Effective Date:** **(Make sure you consider students who area already enrolled in the program when selecting the modification term)** Choose a term.

**Rationale: Why is this request being made?**

Click or tap here to enter text.

**Graduation Data: (last 3 years)**

Click or tap here to enter text.

**Enrollment Data: (Last 3 years)**

Click or tap here to enter text.

**Describe plans to assist currently enrolled students in completing their awards:**

Click or tap here to enter text.

**Describe the impact of this program suspension/closure on current faculty and staff serving the program:**

Click or tap here to enter text.

**List MinnState schools continuing to offer this program:**

Click or tap here to enter text.

**Signatures:**

**Please send to the Academic Affairs Coordinator to route thru DocuSign for signatures**

|  |  |  |
| --- | --- | --- |
| **Personnel** | **Signature** | **Date** |
| Faculty: |  |  |
| Department Head: (if TPT faculty) |  |  |
| Academic Affairs Coordinator: |  |  |
| Academic Dean: |  |  |
| Division Chair: |  |  |
| Advisory Committee: (if applicable)  Liberal Arts Transfer Pathway Committee Chair: (If applicable)  Provost (only TPT need this step |  |  |
| Academic Affairs & Standards Council Chair: |  |  |

Comments: Click or tap here to enter text.

Revised Date: Click or tap to enter a date.