***State Council of Higher Education for Virginia***

**Intent to Discontinue an Academic Program Cover Sheet**

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| 1. Institution       | 2. Type of Program (Check one):Degree program [ ] Certificate program [ ]  Degree/Certificate Designation [ ]  |
| 3. Program name       |
| 4. Degree/certificate designation       | 5. CIP code       |
| 6. Degree program approval date by Council        |
| 7. Certificate program acknowledgement date by SCHEV        |
| 8. Date (semester/year) beyond which no new enrollments will be accepted:       | 9. Teach-out date: (semester/year) to (semester/year):       |
| 10. Desired termination date for reporting degrees/certificates (semester and year)      | 11. Date approved by Board of Visitors       |
| 12. For community colleges:  date approved by local board  date approved by State Board for Community Colleges  |
| 13. **For Critical Shortage Area Only.** Check all that apply. Explain in attached narrative |
| [ ]  Lack of student demand[ ]  State-wide public program duplication[ ]  Other | [ ]  Lack of market demand[ ]  Lack of institutional resources |
| 14. List of constituents impacted by action.       |
| 15. If collaborative or joint program, identify collaborating institution(s). **Note**: Each collaborating institution must submit a separate “Intent to Discontinue” form.      |
| 16. Name, title, telephone number(s), and email address of person(s) other than the institution’s chief academic officer who may be contacted by or may be expected to contact Council staff regarding the discontinuance.       |