***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. | | | |