

Please complete Parts I, II and III.

Part I. Specify request for approval by checking (X) the appropriate box(es).

Deactivate a program: The institution will not accept new students into the program as of the deactivation date. The institution will contact < program.review@sysadm.suny.edu > within three years of the deactivation date to officially discontinue or reactivate this program. Provide deactivation effective date in the table below.

Deactivate and Discontinue a program: The institution will not accept new students into the program as of the deactivation date and all students will have completed the program by the discontinuance date. (Note, if students will not complete the program by the discontinuance date, the institution will contact the University Provost at < program.review@sysadm.suny.edu >.) Provide deactivation and discontinuance effective dates in the table below.

Discontinue a program: The institution is prepared to discontinue the program. There are no students enrolled in the program. Provide discontinuance effective date in the table below.

Part II. Complete table and expand as necessary for multiple program deactivations/discontinuances:

PROGRAM TITLE	AWARD (E.G., B.A.)	SED PROGRAM CODE	HEGIS CODE	DEACTIVATE EFFECTIVE DATE	DISCONTINUE EFFECTIVE DATE
1.					
2.					

Part III. Provide reason(s) for requesting each deactivation and/or discontinuance. Address local, regional and System impact and if applicable, please describe any extenuating circumstances that may require additional accommodations for enrolled students (e.g., providing a teach-out agreement with another institution).