



THE STATE UNIVERSITY of NEW YORK

REQUEST TO DEACTIVATE AND/OR DISCONTINUE A PROGRAM

Completed form must be accompanied by a **cover letter** from the Chief Academic Officer or President, addressed to the SUNY Provost. Please submit request for approval to < program.review@sysadm.suny.edu >. (For multiple deactivations/discontinuances, modify this form as needed.)

Item	Response <i>(Type in the requested information.)</i>
Name of Institution	 <i>Specify name of branch campus(es), if relevant:</i>
President or Chief Executive Officer approval <i>Signature affirms that the proposal has met campus administrative and governance procedures for consultation.</i>	Name and title:
	Signature and date:
	For programs that are registered jointly with another institution, all participating institutions must confirm their support of the deactivation and/or discontinuance.
Contact for this proposal	Partner institution:
	Name and title of partner institution CEO:
	Signature of partner institution CEO:
Contact for this proposal	Name and title:
	Telephone: Fax:
	E-mail:

General Notes

- Deactivations and Discontinuances must be approved by the SUNY Provost.**
- If a proposed discontinued program is the sole program in a HEGIS category at a campus, discontinuance requires approval of the SUNY Board of Trustees. The campus retains the master plan authority in that discipline, and the re-introduction of programs in that HEGIS category would not require a master plan amendment.**

Glossary

Deactivation: A campus makes a decision not to admit any more students to a program but wishes to maintain the program’s registration. This may be done to reassess the need for the program or restructure a program. This action is internal to SUNY and limited in duration to no more than three years.

Deactivation Effective Date: The first regular admission date for which new students will no longer be permitted to enroll in the program.

Discontinuance: A campus no long offers the program nor awards a credential for completion of the program. The program is removed from the State Education Department’s *Inventory of Registered Programs*. SUNY review/ approval must precede SED review.

Discontinuance Effective Date: The last graduation date for which a credential for completion of the program is awarded.

(Reference: Memorandum to Presidents Vol. 83 No. 11, dated August 26, 1983)

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).