**Request to Disestablish an Educational Partnership**

**or Contractual Arrangement**

University:

|  |
| --- |
| **Name of Academic Program:** |
| **Academic Department:**  The name of the academic department or unit that currently primarily administers the academic program. If the proposed program is jointly administered across more than one department, please list the(se) additional department(s). |
| **Geographic Site:**  The physical site (campus, extended campus, etc.) or modality where the academic program is currently primarily delivered or administered. |
| **Instructional Modality**:  The primary modality of the academic program (i.e. immersion, online, hybrid). |
| **Last Term of operation:**  The term and year in which the last enrolled student will graduate from the program (i.e. Spring 2022; Fall 2023). |
| **Brief Program Description:**  A short outline of the content and skills that the program delivers. |
| **Reason for Disestablishing the Educational Partnership or Contractual Arrangement**  Please briefly explain why the Educational Partnership or Contractual Arrangement is being disestablished. |
| **Disestablishment of an Educational Partnership or Contractual Arrangement**  Please explain how any students affected by the planned disestablishment of the Educational Partnership or Contractual Arrangement will be supported to earn their degree. |
| **How will program resources be reallocated? (i.e. faculty and administrative positions; infrastructure, etc.):**  Please provide information about how personnel and infrastructure presently employed to deliver the disestablished Educational Partnership or Contractual Arrangement will be reallocated. |
| **Is this program in an ABOR designated high demand field** ? YES NO  Is the discontinued program in education, health, science, technology, engineering or math (STEM)? |

Executive Director Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_