**Request to Disestablish a Plan Campus or Modality**

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| **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 Plan Campus or Modality:**  Please briefly explain why the plan campus or modality is being disestablished. |
| **Enrollments: Provide the enrollments for the current year and past four years**  Please briefly explain why the plan campus or modality is being disestablished.  (<https://www7.nau.edu/pair/reports/DegreeSeeking> *NOTE: if a program had no enrollments for that semester, the program will not appear in the analysis for that semester*):   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **5-YEAR ANNUAL ENROLLMENT** | | | | | | | |  | **This Year** | **Last Year** | **3 yrs ago** | **4 yrs ago** | **5 yrs ago** | | # Students Enrolled |  |  |  |  |  | | Add rows to differentiate varying locations or modalities, if applicable |  |  |  |  |  | |
| **Teach Out**  Identify which of the following Teach Out approaches you hope to engage in:  □ Currently enrolled students who have declared the academic program will be able to finish the program, even with substitutions for requirements  □ Currently enrolled students will not be able to complete the program who declared it |
| **Disestablishment of a Plan Campus or Modality:**  Please explain how any students affected by the planned disestablishment of the plan campus or modality 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 plan campus or modality 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_