**Mississippi Valley State University**

**PROGRAM DELETION REQUEST FORM**

**Date:**

**Requestor:**

**Department:**

**Effective Date:**

|  |  |
| --- | --- |
| **Delete an Existing Program** | |
| Program Name |  |
| Degree |  |

Attach rationale for the change and a teach-out plan for students still matriculating in the program. Also attach a plan for redeploying faculty teaching in the program.

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

*Initiator’s Role: □ Department Chair-with faculty approval, □ General Education Committee Chair, □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |
| --- |
| This □**IS** □ **IS NOT** a SACS-COC Substantive Change. Substantive Changes will require SACS-COC notification and/or approval.  SACS Accreditation Liaison\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

□ APPROVED □DISAPPROVED

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Curriculum Committee Chair Date

*Rationale if Disapproved:*

□ APPROVED □DISAPPROVED

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Vice President for Academic Affairs Date

*Rationale if Disapproved:*

APPROVED □DISAPPROVED

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President Date

*Rationale if Disapproved:*