

## **Program Discontinuation Form Checklist**

The sections listed below are required on Program Discontinuation form. Please review the the proposal and check off each section to indicate that the section has been completed and include the completed checklist as the cover page for the proposal. If you have any questions regarding this checklist and/or form, please contact the Office of Academic Programs.

Complete current program information

List ALL related programs proposed to be discontinued

Proposed effective term (i.e., fall 2021)

Justification for discontinuation

Teach-out plan

Evidence of consultation with affected department(s)/program(s)

Campus-wide sharing (Curriculum Register) synopsis



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

Office of Academic Programs • WH 440 • (310) 243-3308

**REQUEST FOR PROGRAM DISCONTINUATION/DEACTIVATION**

<b>Date :</b>	<b>College:</b>	<b>Dept.:</b>	<b>Ext:</b>
<b>Proposer Name:</b>		<b>Email:</b>	
<b>Proposed Effective Date:</b>			

**1. Current Program:**

<b>Full &amp; Exact Degree Designation &amp; Title:</b>				
<b>Graduate</b>	<b>Undergraduate</b>	<b>State Support</b>	<b>Self-Support</b>	
<b>Face-to-face</b>	<b>Fully Online</b>	<b>Hybrid</b> % Face-To-Face _____ % Online _____		
<b>Program Type: Minor</b>	<b>Concentration</b>	<b>Option</b>	<b>Emphasis</b>	<b>Certificate</b>
<b>Program Name:</b>				

**2. PROPOSED CHANGES: Complete the following information**

**Discontinue/Deactivate**

- i. List ALL degree programs, minors, certificates, concentrations/emphases/options to be discontinued/deactivated below.

- ii. Attach rationale for discontinuation/deactivation of program(s).
- iii. Attach teach-out plan for students currently enrolled in program(s) listed above.



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**3. Does this proposal affect another department(s)**                      Yes                      No

If yes:

i. List affected department(s)

ii. Attach evidence of consultation with affected departments.

**3. Curriculum Register Synopsis:** Include the summary of changes to be posted for campus-wide sharing.



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<b>1.</b>		
<b>Faculty Proposer (Print)</b>	<b>Signature</b>	<b>Date</b>
<b>2.</b>		
<b>Department Chair/Program Coordinator (Print) List names of department faculty who approved this proposal. (Note: The number of names listed must constitute a simple majority of voting faculty members in the department.)</b>	<b>Signature</b>	<b>Date</b>
<b>3.</b>		
<b>Dept. Curriculum Com. Chair/ Faculty Designee (Print)</b>	<b>Signature</b>	<b>Date</b>
<b>4.</b>		
<b>College Curriculum Committee Chair (Print)</b>	<b>Signature</b>	<b>Date</b>
<b>5.</b>		
<b>University Curriculum Committee Chair (Print)</b>	<b>Signature</b>	<b>Date</b>
<b>6.</b>		
<b>VPAA/Designee (Print)</b>	<b>Signature</b>	<b>Date</b>
<b>7.</b>		
<b>President (Print)</b>	<b>Signature</b>	<b>Date</b>