

INACTIVE PROGRAM NOTIFICATION FORM
Board of Governors, State University System of Florida

UNIVERSITY: _____

PROGRAM NAME: _____

DEGREE LEVEL(S): (BS/BA, MS/MA, S, Ed.D., Ph.D., etc) _____

IS THIS FOR AN ENTIRE CIP CODE (Classification of Instructional Programs)?

IF YES, CIP CODE: _____

IF NO AND FOR MAJOR/TRACK ONLY:

CIP CODE: _____

NAME OF MAJOR/TRACK: _____

TERM DATE FOR INACTIVE STATUS: _____

(First term that no new students will be accepted into the program)

TERM DATE FOR ANTICIPATED REACTIVATION: _____

(Term that
