

PROGRAM TERMINATION FORM
Board of Governors, State University System of Florida

UNIVERSITY: _____

PROGRAM NAME: _____

DEGREE LEVEL(S): _____
(Ph.D., Ed.D., etc)

CIP CODE: _____
(Classification of Instructional Programs)

OFFICIAL TERMINATION DATE: _____
(Last date that students will be accepted into program)

OFFICIAL PHASE-OUT DATE: _____
(Last date that data will be submitted for this program)

1. Provide a narrative rationale for the request to terminate the program.

PROGRAM TERMINATION FORM (PAGE 3)

Signature of Requestor/Initiator

Date

Signature of Campus EO Officer

Date

Signature of College Dean

Date

Signature of President or Vice President for
Academic Affairs

Date

Date Approved by the University
Board of Trustees

Signature of Chair, Board of Trustees

Date