

**PROGRAM DISCONTINUANCE FORM**

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| **Originator:** | **Date:** |
| **Program, Option, or Certificate to be discontinued:** | |
| **Proposed effective date of discontinuance:** | |
| **Rationale (complete 1 and 2 below):** | | |
| 1. **What is the reason for discontinuing the program? If the program objective is no longer valid, state the reason.** | | |
| 1. **If program enrollment is low enrolled, indicate the term enrollments for the previous two years for the program.** | | |
| **College Regulation 6.1502 states that no program will be discontinued without providing sufficient time for a continuous full-time student to complete the program. Indicate how a full-time continuous student matriculated in the program will be able to complete the program.** | | |
| **Are there any courses specific to the program that should be deleted from Colleague/Catalog? If so, when will they be deleted?** | | |

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| **Approvals/review** | |
| **Department Chair** | **Date** |
|  |  |
| **Institute Dean** | **Date** |
|  |  |
| **Counselor** | **Date** |
|  |  |
| **Reviewed by Institute Administrator** | **Date** |

\*Email form and send hard copy with signatures to [ekruijssen@brookdalecc.edu](mailto:ekruijssen@brookdalecc.edu)

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| **Reviewed by Institute Deans** | | **Date** |
| **Academic Council** | | **Date** |
|  | |  |
| **General Education (if applicable)** | | **Date** |
|  | |  |
| **Vice President for Learning** | | **Date** |
| **Registrar** | | **Date** |
|  | ***Effective term:*** | ***Effective catalog:*** |
| **President** | | **Date** |

**Date Notice of Intent to terminate this program was sent to New Jersey higher education institutions:\***

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\*Vice President for Learning’s office responsible for distributing Notice of Intent