

S.C. Commission on Higher Education
Notification of Termination of an Academic Program, Concentration, Site, or Center
(One Program per Form)

Name of Institution:

Identify the type of termination (e.g., program, concentration, or site):

Name of Program (include degree designation and all concentrations, options, and tracks):

Program Designation:

- | | |
|--|--|
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Specialist |
| <input type="checkbox"/> Bachelor's Degree: 4 Year | <input type="checkbox"/> Doctoral Degree: Research/Scholarship (e.g., Ph.D. and DMA) |
| <input type="checkbox"/> Bachelor's Degree: 5 Year | <input type="checkbox"/> Doctoral Degree: Professional Practice (e.g., Ed.D., D.N.P., J.D., PharmD., and M.D.) |

CIP Code:

Site Code(s):

Delivery Mode:

- | | |
|--|--|
| <input type="checkbox"/> Traditional/face-to-face
*select if less than 25% online | <input type="checkbox"/> Distance Education |
| | <input type="checkbox"/> 100% online |
| | <input type="checkbox"/> Blended/hybrid (50% or more online) |
| | <input type="checkbox"/> Blended/hybrid (25-49% online) |
| | <input type="checkbox"/> Other distance education (explain, if selected) |

Date program will be closed to new students (mo/year):

Date data file will be closed (mo/year)*:

* Date by which all currently enrolled students will have graduated or transferred to other programs.

Submission Date:

State the reason for termination:

Describe the plan to teach out students currently enrolled: