**Termination of a Program Checklist**

Certificate/Degree Title:

|  |  |  |
| --- | --- | --- |
| **What** | **Information Collected** | **Status** |
| **Enrollment Information**: work with the Registrar’s Office to provide enrollment information |
| Number of students currently enrolled? Identify where they are in the program ( 1st yr., 2nd yr., within 8 credits, etc.) |  |  |
| List the program courses that 2nd year students have not completed  |  |  |
| Provide enrollment comparison of the past 3-5 years of the program |  |  |
| The program is being considered for termination due to low enrollment? | Yes [ ]  No [ ]  |
| A “Teach Out” Plan has been drafted for implementation? | Yes [ ]  No [ ]  |
| **Labor Market and Workforce Need:** |
| list changes in employment opportunities or workforce needs unfavorable to the program |  |  |
| The program is being considered for termination due to a change in workforce needs? | Yes [ ]  No [ ]  |
| **Funding/budgetary concerns:**  |
| External funding (grant?) is ending? If so identify the funding source, amount, and cause of termination |  |  |
| Insufficient internal resources to support program? Provide program budget. | Attach spread sheet |  |
| The program is being considered for termination due to lack of funding? | Yes [ ]  No [ ]  |
| **Faculty Availability:** |
| Difficult to recruit qualified instructors. If so please explain |  |  |
| Number of instructors teaching in the program. Provide list of the courses each instructor teaches | Provide attachment, if needed |  |
| The program is being considered for termination due to lack of qualified instructors? | Yes [ ]  No [ ]  |
| Identify any potential curricular or academic consequences |  |  |