**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:

Certificate  Master’s Degree

Associate’s Degree  Specialist

Bachelor’s Degree: 4 Year  Doctoral Degree: Research/Scholarship (e.g., Ph.D. and DMA)

Bachelor’s Degree: 5 Year  Doctoral Degree: Professional Practice (e.g., Ed.D., D.N.P., J.D.,

PharmD., and M.D.)

CIP Code:

Site Code(s):

Delivery Mode:

Traditional/face-to-face  Distance Education

\*select if less than 25% online  100% online

Blended/hybrid (50% or more online)

Blended/hybrid (25-49% online)

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: