**S.C. Commission on Higher Education**

**Notification of Termination of an Academic Program, Concentration, Site, or Center**

(One Program per Form)

**Name of Institution**:

**Institution Code**:

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

**Name of Program, including degree designation and all concentrations** (e.g. Options, Tracks, Emphases, Specializations, & Cognates):

**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(s)** (Select **all** that apply from [the list](https://www.che.sc.gov/sites/che/files/Documents/Institutions%20and%20Educators/CHEMIS/Appendix_I.pdf.pdf)):

☐Traditional/face-to-face (Provide **all** physical location Site Code(s)): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Blended/Hybrid (Site Code: 85500) ☐Distance, Out-of-State (Site Code: 85250)

☐100% online (Site Code: 85750) ☐Distance, Receiver Site Unknown (Site Code: 85000)

☐Not Applicable ☐Distance, Out-of-Country (Site Code: 85276)

☐Other (provide explanation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**Program Contact Information** (Name, title, telephone number, and email address**):**

**Date of Submission to CHE:**

**State the reason for termination:**

**Describe the plan to teach out students currently enrolled:**