**REQUEST FOR SUSPENSION OF ADMISSIONS TO, OR DISCONTINUATION OF**

**A GRADUATE PROGRAM**

Institutions must submit this form through their CCGS representative in order to notify the Chancellor of a change in admissions status for an approved graduate program. Please submit one form per program.

*Note*: Institutions that intend to suspend admissions or discontinue a graduate program that leads to educator preparation licenses or endorsements should contact [Matt](mailto:Matt) Exline ([mexline@highered.ohio.gov](mailto:mexline@highered.ohio.gov)) for direction on completing the Program Dormancy form.

**Please check one:**

**🗆 Suspension of Admissions**

A university may suspend admissions into a graduate degree program if 1) the institution plans to reactivate admissions into the program within five (5) years of the suspension, or 2) the program has existing students that need to complete their degrees prior to discontinuation of the program.

If, after suspension of admissions into a graduate degree program, the program is not reactivated within the specified period, the program will be declared permanently discontinued. Reinstatement of a discontinued program will require formal approval as a new graduate degree program.

**🗆 Immediate Discontinuation**

An institution may immediately discontinue a program if there are no students currently enrolled in the program, and there is no intent to reactivate the program in the future. Reinstatement of a discontinued program will require formal approval as a new graduate degree program.

**Date of Request:**

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**Implementation Date:**

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**Name of institution:**

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**Degree Designation: (e.g., MS in Biology, MBA, etc.)**

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**Primary institutional contact for this request:**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Phone number |  |
| E-mail |  |

**Please respond to the following:**

1. Provide a rationale for the suspension of admission or immediate discontinuation of the program.
2. Indicate number of students currently enrolled in the program.
3. Describe how the suspension of admissions and any plan for discontinuation of program will affect the program and the students currently in the program. Explain plans for notifying current students and assisting them in the completion of their degrees, when applicable.
4. Will there be a loss of faculty or staff positions? If so, indicate when the faculty or staff members were or will be informed.
5. Describe the plan for communicating the suspension of admissions or discontinuation.

The person listed below verifies that this request has received the necessary institutional approvals and that the above information is truthful and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Chief Academic Officer or Delegate – e.g., Graduate Dean)

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Typed Name & Title

Date of Approval