|  |  |
| --- | --- |
| Letterhead-dark.png | **Form A4**  **Program Suspension / Deletion** |

|  |  |  |  |
| --- | --- | --- | --- |
| **School:** | **Contact Person:** | | |
| **School Chair:** | **Date:** | | |
|  |  | | |
| **program suspension:** | | | |
| **Program Name:** | | | |
| **Effective Semester:** Fall  Winter  Spring | **Final Instructional Semester:** Fall  Winter  Spring | | |
| Reason for ***cancellation*** of program: | | | |
| **Transition Plan for Current Students:** | | | |
| **program Deletion:** | | | |
| **Program Name:** | | | |
| **Effective Semester:** Fall  Winter  Spring | **Final Instructional Semester:** Fall  Winter  Spring | | |
| Reason for ***deletion*** of program: | | | |
| **Transition Plan for Current Students:** | | | |
| **approvals:** | | | |
|  | | | |
| ***School Chair*** | |  | ***Date*** |
|  | |  |  |
| ***Dean of Instruction*** | |  | ***Date*** |
|  | |  |  |
| ***Registrar*** | |  | ***Date*** |
|  | |  |  |
| ***EdCo Chair*** | |  | ***Date*** |
|  | |  |  |
| ***VP ASD*** | |  | ***Date*** |
|  | |  |  |
| **Approval COPIED AND FORWARDED TO:** | | | |
|  | | | |
| Counselling Department  Registrar’s Office  Library | | | |
| IT Department  Communications & Development | | | |