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| --- | --- |
| 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 [ ]  |