

Briefing Note – Suspension of Program

Date:
Submitted by:
Program Title:
School Chair:
Rationale for suspending this program:
Transition Plan – for current students.



Who have you consulted with about suspending this program?		
What is the desired implementation date for the suspension?		
Approval signatures:		
School Chair		
School Dean		
Vice President, Education and Students		
Education Council Chain		
Education Council Chair		