

**SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE  
REQUEST FOR TERMINATION OF AN ACADEMIC PROGRAM**

Requests for termination of an entire degree, certificate, or academic major should use this form as a cover sheet.

This is to request termination of an academic program, as follows:

Degree title \_\_\_\_\_  
 Major(s) in \_\_\_\_\_  
 Specialization(s) in \_\_\_\_\_  
 Minor(s) in \_\_\_\_\_  
 Degree granting unit \_\_\_\_\_

**ANSWER THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED OR WITH  
APPROPRIATE ATTACHMENTS.**

1. Submit an analysis of the program to be terminated, including:
  - a. Reason(s) for terminating the program.
  - b. Characteristics of the current clientele.
  - c. Projections of clientele were the program to be continued.
  - d. Methods planned to serve clients currently involved in the program.
  - e. Effect of the termination on other programs in the institution.
  - f. Effect (academic and fiscal) of the termination on other activities of the sponsoring unit.
  - g. Arrangements to be made for affected faculty, staff, and students, and for affected equipment and physical facilities.
  - h. A list of regular and elective courses to be dropped in connection with the termination. (These requests should be submitted via Forms 90B.)
  - i. Copy of catalog description to be deleted.
  - j. Proposed effective date of program termination.
  
2. List the academic units with which this request has been coordinated and attach the units' responses.
  
3. Attach pertinent sections of previous program reviews and/or special analytic studies supporting the requested termination.

**APPROVED:**

**DATE:**

- a. Action, Board of Trustees \_\_\_\_\_
- b. Action, Illinois Board of Higher Education \_\_\_\_\_
- c. Effective Date for implementation \_\_\_\_\_