

PROGRAM TERMINATION FORM
Board of Governors, State University System of Florida

UNIVERSITY: _____

PROGRAM NAME: _____

DEGREE LEVEL(S): _____ **CIP CODE:** _____
(Ph.D., Ed.D., etc) (Classification of Instructional Programs)

OFFICIAL TERMINATION DATE: _____
(Last date that students will be accepted into program)

OFFICIAL PHASE-OUT DATE: _____
(Last date that data will be submitted for this program)

This is the form to be used for university requests to terminate doctoral degree programs and is recommended for use when terminating other programs. The request should be approved by the University Board of Trustees (UBOT) prior to submission to the Board of Governors, State University System of Florida for approval. Please fill out this form completely for each program to be terminated in order for your request to be processed as quickly as possible. Attach additional pages as necessary to provide a complete response. In the case of baccalaureate or master's degree programs, the UBOT may approve termination in accordance with BOG Regulation 8.012 (3), with notification sent to the Board of Governors, Office of Academic and Student Affairs. The issues outlined below should be examined by the UBOT in approving termination.

1. Provide a narrative rationale for the request to terminate the program.

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Signature of Requestor/Initiator

Date

Signature of Campus EO Officer

Date

Signature of College Dean

Date

Signature of President or Vice President for
Academic Affairs

Date

Date Approved by the University
Board of Trustees

Signature of Chair, Board of Trustees

Date