



Request and Report to Suspend Admission to a Degree, Major, Concentration, or Minor

Temporary Suspension – A request to suspend admission to a program for a semester, year, or more. Please fill out this form.

Permanent Suspension (Non-Admission Designated Program) – A request concerning a program that does not directly admit students. For example, the program may exist to award a degree to students who are not able to complete the requirements for their original program, but who have met the requirements for the Non-Admission Designated Program. Please fill out this form.

Suspension of Admission to Eliminate or Replace a Program – A request from a unit seeking to phase down and eliminate a program. For this request, this is not the appropriate form. Please contact Kathy Martensen for further guidance.

Required Information for a Request of Suspension of Admission

1. **This proposal is for a (check one):** ___ Temporary Suspension ___ Permanent Suspension (Non-Admit)
2. **This proposal is for a Suspension of a (check one):** ___ Degree ___ Major ___ Concentration ___ Minor
3. **Proposal Title:** "Suspension of Admission to _____"
4. **Effective Catalog Term:**
5. **Sponsor Name (Department Head or Center Director):**
6. **Sponsor Email:**
7. **College Contact:**
8. **College Contact Email:**

Justification of the Suspension

9. **Give a brief description of why the suspension is requested:**
10. **If a temporary suspension, what is the anticipated duration of the suspension of admission?**
Be specific - list in semesters or years

Suspension Information

11. **Desired effective term and year for the suspension:**
Indicate when the program will begin suspension
12. **How many students are in the program now?**
13. **If a temporary suspension, are there plans to direct prospective students to a different program during the suspension period? Yes / No**
If yes, please specify the program(s). Please attach your communication with the affected program(s) to this proposal as an appendix (required).
14. **Indicate any advising or other impact on continuing students in the suspended program:**
15. **How will you ensure that current students in the program will be able to continue their degree progress?**

Instructional Resources

16. **Will there be any reduction in course offerings, other programs, or other concentrations by**

your department as a result of this suspension? Yes / No
If yes, please explain.



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Instructional Resources (continued)

17. Does this suspension affect other units on campus? Yes / No

If yes, please explain. Please attach your communication with the affected units to this proposal as an appendix (required).

18. Does this suspension affect students outside of the unit? Yes / No

If yes, please explain.

19. Catalog Page Text: *The text below will appear on the Academic Catalog page for a temporary suspended program unless the sponsoring unit needs alternative text. If that is the case, provide the text below.*

This program is not accepting applications for academic year(s) XX-XY. Students already admitted to the program will continue under the current requirements [insert hyperlink].

Campus Workflow Notification

Department head / Center director (or designee)

Print name of Department head / Center director
(or designee)

College

Graduate College (if graduate program)

Council on Teacher Education (if teacher licensure program)

Provost's designee

Senate Committee on Educational Policy

Registrar's Office Only:

Admission to this program is suspended as of _____ until _____.
Term / Year Term / Year