NAME OF PROGRAM: ______________________________________

JUSTIFICATION OF DELETION OF PROGRAM:
Include how students will be notified and who the primary point of contact will be to assist them during the transition.

TOTAL # OF STUDENTS IN TEACH OUT PLAN: ______

EFFECTIVE START DATE OF TEACH OUT PLAN: ____________

LAST SEMESTER CERTIFICATE OR DEGREE WILL BE AWARDED: __________________________

NOTE: After this date students will not be eligible to graduate in this program. All students in the Teach Out Plan must have completed the program requirements on or before the date listed above.

<table>
<thead>
<tr>
<th>List of Courses Needed for Teach Out:</th>
<th>Semesters Courses will be offered:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SIGNATURE OF DEPARTMENT CHAIR: ____________________________  DATE: __________

APPROVED BY CURRICULUM COMMITTEE: ____________________________  DATE: __________

APPROVAL BY FACULTY SENATE: ____________________________  DATE: __________