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