Illinois-Wordmark-TM-Horizontal-Full-Color-CMYK.eps

**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:** “Temporary Suspension (or 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***:*

**Reason for Suspension**

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

**Suspension Information­**

1. **Desired effective term and year for the suspension:** *Indicate when the program will begin suspension*
2. **How many students are in the program now?**
3. **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).*
4. **Indicate any advising or other impact on continuing students in the suspended program:**
5. **How will you ensure that current students in the suspended program will be able to continue their degree progress?**

**Instructional Resources**

1. **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.*

Illinois-Wordmark-TM-Horizontal-Full-Color-CMYK.eps

**Report to Suspend Admission to a   
Degree, Major, Concentration, or Minor**

**Instructional Resources (continued)**

1. **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).*
2. **Does this suspension affect students outside of the unit? Yes / No***If yes, please explain.*
3. **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***