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| --- | --- |
| Institutional Tracking No. |  |

Idaho State Board of Education

Proposal for Discontinuation

|  |  |
| --- | --- |
| Date of Proposal Submission: |  |
| Institution Submitting Proposal: |  |
| Name of College, School, or Division: |  |
| Name of Department(s) or Area(s): |  |
|  |

**Program Identification for Proposed Discontinued Program:**

|  |  |
| --- | --- |
| Title: |  |
| Degree/Certificate: |  |
| Method of Delivery: |  |
| CIP code: |  |
| Proposed Discontinuation Date: |  |

**Indicate whether this request is a discontinuation of either of the following:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Undergraduate Program |  |  | Graduate Program |
|  |  |  |  |  |
|  | Undergraduate Certificate |  |  | Graduate Certificate |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Administrative/Instructional Unit |  |  | Other |

|  |  |  |
| --- | --- | --- |
|  | **New Program (check all that apply)** | |
|  |  | Basic Technical Certificate |
|  |  | Intermediate Technical Certificate |
|  |  | Advanced Technical Certificate |
|  |  | Associate of Applied Science Degree |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| College Dean (Institution) | Date |  | Vice President for Research **(as applicable)** | Date |
|  |  |  |  |  |
| Graduate Dean **(as applicable)** | Date |  | Academic Affairs Program Manager | Date |
|  |  |  |  |  |
| FVP/Chief Fiscal Officer (Institution) | Date |  | Chief Academic Officer, OSBE | Date |
|  |  |  |  |  |
| Provost/VP for Instruction (Institution) | Date |  | SBOE/Executive Director Approval | Date |
|  |  |  |  |  |
| President | Date |  |  |  |

**1. Provide rationale for the discontinuance***.*

**2. Teach-out Plans/Options for currently enrolled students.**

1. Describe teach-out plans for continuing students. Indicate the year and semester in which the last cohort of students was admitted and the final term the college will offer the program.
2. Is there an alternative program/major or field of study? If so, please describe.
3. How will continuing students be advised of impending changes and consulted about options or alternatives for attaining their educational goals?

**3. Identify similar programs offered by other public colleges/universities (Not applicable to PTE programs).**

|  |  |  |
| --- | --- | --- |
| **Similar Programs offered by other Idaho institutions and by institutions in nearby states** | | |
| **Institution Name** | **Degree name and Level** | **Program Name and brief description if warranted** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Using the chart below, provide enrollments and numbers of graduates for similar existing programs at your institution and other Idaho public institutions.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Existing Similar Programs: Historical enrollments and graduate numbers** | | | | | | | | |
| **Institution and Program Name** | **Headcount Enrollment in Program** | | | | **Number of Graduates From Program** | | | |
|  | FY\_\_ | FY\_\_ | FY\_\_ | FY\_\_ (most recent) | FY\_\_ | FY\_\_ | FY\_\_ | FY\_\_ (most recent) |
| **BSU** |  |  |  |  |  |  |  |  |
| **ISU** |  |  |  |  |  |  |  |  |
| **UI** |  |  |  |  |  |  |  |  |
| **LCSC** |  |  |  |  |  |  |  |  |

1. Describe the impact the discontinuance will have on (a) other programs and (b) the mission of the institution.
2. Describe the potential faculty and staff reductions or reassignments that would result from the discontinuance.
3. Fiscal Impact. Using the budget template provided, identify amount, if any, which would become available for redirection as a result of discontinuance.