# Text, logo Description automatically generatedPROGRAM TERMINATION FORM

Please use this form for termination of an existing major or certificate.

Do NOT use this form for degree program terminations. Please contact Cynthia Brown Hernandez ([cynthiab@usf.edu](mailto:cynthiab@usf.edu)) for degree program terminations.

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| **What is being terminated?** | |
| Major | Certificate |

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| **Program Title:** |  |

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| **If terminating a major, are there associated concentrations with this major?** | Yes | No | N/A |

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| **Level:** | UG | GR | **Degree Type** (B.S., M.A., etc.): |  |

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| **Banner Curriculum Code** (if known): |  | **CIP Code:** |  |

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| **Anticipated Termination Term:** |  |
| (First term when no students will be allowed to declare the program) | |

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| **Anticipated Phase-Out Term:** |  |
| (First term when no student data will be reported for this program) | |

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| **Which method of delivery is currently offered for this program**? Please select **all** that apply. | | | |
| On Campus  Tampa  St. Petersburg  Sarasota-Manatee  USF Health | ≥ 50% Online | ≥ 50% Off-Campus Instructional Site | 25-49% Off-Campus Instructional Site |

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| 1. **Provide a brief narrative for the rationale to terminate the program.** |
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| 1. **Indicate the extent to which the proposed termination will have an impact on enrollment and/or the reallocation of resources.** |
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| 1. **Please indicate the number of students currently enrolled in the proposed terminated program. Please also indicate the number of faculty who put effort towards the proposed terminated program.** |
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| 1. **State what steps have been taken to inform students and faculty of the intent to terminate the program? Explain how any faculty and students who are currently active in the program scheduled to be terminated will be accommodated.** |
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| 1. **Identify any potential negative impact(s) of the proposed termination on the current representation of faculty and students in the program.** |
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| 1. **If this is an undergraduate major, indicate how the Florida College System (FCS) institutions be notified that the major has been terminated so that students may be notified accordingly.** |
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| Name of Requestor | | |
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| Name of College | Name of Department/School | |
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| Signature of Requestor | | Date |

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| Name of Department Chair/School Director | Title of Department Chair/School Director | |
|  | |  |
| Signature of Department Chair/School Director | | Date |

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| *If the program is offered on the St. Petersburg or Sarasota-Manatee campus, signature from the appropriate Regional Vice Chancellor is required.* | |
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| Signature of Regional Vice Chancellor of Academic Affairs and Vice Provost – St. Petersburg campus | Date |
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| Signature of Regional Vice Chancellor and Vice Provost for Academic Affairs and Student Success – Sarasota-Manatee campus | Date |

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| Name of College Dean | Name of College | |
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| Signature of College Dean | | Date |

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| *A signature from the Senior VP Health or Designee is required for impact on the USF Health Colleges.* | |
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| Name of Senior VP Health or Designee | |
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| Signature of Senior VP Health or Designee | Date |