

**Notification of Termination of Academic Program, Center, Bureau,
Institute or Other Administrative Unit**
(One Program Per Form)

Institution terminating program: _____

Degree Designation: _____

Program title and concentration if applicable: _____

CIP Code: _____

Site(s) of program if other than main campus: _____

Site code(s): _____; _____; _____

Distance Delivered program? Yes _____ **No** _____

DATE program will be closed to new students: (mo/year) _____

DATE Data File will be closed: (mo/yr) _____
(Date by which all currently enrolled students will have graduated or transferred to other programs)

Reason for termination: _____

Signature of Academic Vice President

Date

*Technical Colleges should submit this form to: Office of Academic Affairs, South Carolina Technical College System, 111 Executive Center Drive, Columbia, SC 29210. SCTCS will then forward the information to the Commission on Higher Education.

*All other Institutions should submit this form to: Dr. T. Michael Raley, Acting Director of Academic Affairs & Licensing, SC Commission on Higher Education, 1333 Main Street, Suite 200, Columbia, SC 29201

South Carolina Commission on Higher Education
Academic Affairs and Licensing Division
Phone # (803) 737-2242
FAX # (803) 737-2297
website: www.che.sc.gov