Great Falls College MSU Curriculum Council

Program Notification Form

Place Program into Moratorium

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| Program Name: | Click or tap here to enter text. | CIP Code:If unknown, see Dena | Click or tap here to enter text. |
| Check Degree Type:Number of Credits:  |  [ ] AAS [ ] CAS [ ]  CTS [ ] AA [ ] AS [ ] ASNClick or tap here to enter text. | Effective Date: | *Semester*Click or tap here to enter text. | *Year*Click or tap here to enter text. |
| Modality: | [ ]  Face-to-face[ ]  Online [ ] Blended |  |  |  |
| Department: | Click or tap here to enter text. | Date of advisory board approval if applicable:Click or tap here to enter text. |  |
| Division: | [ ]  Health Sciences[ ]  General Studies[ ]  Career & Technical Education | *Attach Advisory Board documentation* |

Why is program being placed into moratorium: Click or tap here to enter text.

Will this cause a change to college resources? Click or tap here to enter text.

Are there currently students enrolled in the program? [ ]  Yes [ ]  No

If yes, please answer questions a – c below:

1. Have all students currently enrolled in the program been met with and informed of the impending termination? [ ]  Yes [ ]  No

If no, please explain: Click or tap here to enter text.

1. What is the expected graduation date of all students from the program? Click or tap here to enter text.
2. Have course offerings been planned to allow for students in the program to complete the degree in a reasonable fashion? [ ] Yes[ ]  No

 If no, please explain: Click or tap here to enter text.

Will any faculty layoffs or changes in working conditions occur because of the termination? [ ]  Yes [ ]  No

If yes, please answer questions a – b below:

a) Have the faculty affected by the program termination been notified? [ ]  Yes [ ]  No If no, please explain: Click or tap here to enter text.

b) Describe any layoffs that will occur including the date expected. Click or tap here to enter text.

The following parties, where applicable, have been notified of the impending program termination:

 Faculty Senate: [ ] Notified [ ] Not Applicable

Program Public Advisory Committee: [ ] Notified [ ]  Not Applicable

Articulation Partners: [ ] Notified [ ] Not Applicable

Has there been any negative feedback received from students, faculty, or other constituents regarding the impending termination? [ ] Yes [ ]  No

 If yes, please explain: Click or tap here to enter text.

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| --- | --- | --- |
| Submitter |  | Date |
|  |  |  |
| Program Director |  | Date |
| Division Director |  | Date |
| Registrar |  | Date |
| AssessmentCommittee Chair |  | Date |
| Accreditation Liaison Officer |  | Date |
| Executive Director of Instruction |  | Date |
| Curriculum Council Chair |  | Date |