Great Falls College MSU Curriculum Council

Program Notification Form

Withdraw Program from 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 ASN  Click or tap here to enter text. | Effective Date:  (Defaults to Summer of next catalog year, unless other semester/year is listed) | *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 relevant portion of meeting minutes to this packet.* | | |

Date program was placed into moratorium and why: Click or tap here to enter text.

Why program is being withdrawn from moratorium: Click or tap here to enter text.

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

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| Submitter |  | Date |
| Program Director/Department Chair |  | Date |
| Division Director |  | Date |
| Registrar |  | Date |
| Assessment Committee Chair |  | Date |
| Accreditation Liaison Officer |  | Date |
| Executive Director of Instruction |  | Date |
| Curriculum Council Chair |  | Date |