 Program Suspension Form

**Suspension**

**Deletion**

(*See Policy 8100*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Name:** | | | | |
| **Effective Semester:** | | **Final Instructional Semester:** | | **School:** |
| **Fall** | **Year** 20 | **Fall** | **Year** 20 | **School Chair:** |
| **Winter** | **Year** 20 | **Winter** | **Year** 20 | **Contact Person:** |
| **Spring** | **Year** 20 | **Spring** | **Year** 20 | **Date:** |
| **rational for suspension / deletion:** | | | | | |
|  | | | | | |
| **Transition Plan for Current Students:** | | | | | |

|  |  |  |
| --- | --- | --- |
| **approvals:** | | |
|  |  |  |
| ***School Chair*** |  | ***Date*** |
|  |  |  |
| ***Dean*** |  | ***Date*** |
|  |  |  |
| ***Registrar*** |  | ***Date*** |
|  |  |  |
| ***EdCo Chair*** |  | ***Date*** |
|  |  |  |
| ***VP Education*** |  | ***Date*** |
|  |  |  |
| ***Selkirk College Board of Governors*** |  | ***Date*** |

|  |
| --- |
| **Approval COPIED AND FORWARDED TO:** |
| Counselling Department  Registrar’s Office  Library |
| IT Department  Communications & Development |

16 11 10 / :lp