 Program Suspension Form

 **Suspension** **[ ]**

**Deletion** **[ ]**

 (*See Policy 8100*)

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| --- |
| **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*** |

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

16 11 10 / :lp