



# Curriculum & Articulation Committee

## Inactivate a Program Instructions and Form

Please note, this is a fillable PDF form which allows (1) easy editing, (2) digital signatures, and (3) electronic delivery (required). This form will not be accepted in hard copy format.

### SECTION 1: Submitter Information

1. Complete the section using your information as submitter.
2. **Please make sure your Department Chair and Dean have signed before you submit the form to the Articulation Officer.**

### SECTION 2: Inactivate a Program

**Effective Term:** The first term the course will be offered (example: Spring 2019).

**VPAA Signature:** The signature of the Vice President of Academic Affairs is required to ensure that the submitter has prior approval to create a new program and that it is listed on the NSHE approved GBC 5 year academic plan.

**Program Title:** (Example: Bachelor of Applied Science – Instrumentation)

**Catalog Page:** Please provide a sample of the programs catalog page including a 2 or 4-year plan of study.

**Why the program is being inactivated?** Briefly explain why the program is being inactivated.

### SECTION 3: Approvals

- The electronic C&A form and scanned supporting documents must be submitted to the Articulation Officer for review first. **Do not submit directly to Curriculum and Articulation Chair.**
- The C&A form must include signatures from submitter, Department Chair, and Dean. Forms submitted without all signatures will be returned to submitter.
- During the review process, clarifications may need to be made and/or corrections to the form may be necessary. The Articulation Officer will return all forms to submitter electronically for requested changes.
- Once the documents have been vetted (common course numbering, course catalog, PeopleSoft, etc.), the Articulation Officer will contact the submitter and Curriculum & Articulation Chair on the next available meeting agenda.



# Curriculum & Articulation Committee

## Inactivate a Program Form

### SECTION 1: SUBMITTER INFORMATION

Name of Submitter: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Submission Date: \_\_\_\_\_

Department: \_\_\_\_\_ GBC Center: \_\_\_\_\_ Building & Room #: \_\_\_\_\_

Have you received approval from Department? Yes No and Dean? Yes No

**If you have not received approval, do not submit to the Articulation Officer.**

### SECTION 2: INACTIVATE A PROGRAM

Effective Term: \_\_\_\_\_

VPAA signature (required) \_\_\_\_\_

Program Title: \_\_\_\_\_

**Catalog Page:** Attach a sample of the program catalog page.

**Briefly explain why program is being inactivated:**

\_\_\_\_\_  
\_\_\_\_\_

### SECTION 3: APPROVALS

**Submitter**

**Department Chair**

Name \_\_\_\_\_ Name \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Dean**

**Articulation Officer**

Name \_\_\_\_\_ Name \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**This form will not be accepted without the above signatures.**

**Curriculum and Articulation Chair**

**Vice President of Academic Affairs**

Name \_\_\_\_\_ Name \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_