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| **Program Deactivation/Discontinuance Action Form** | |
| **1. Date:** Click here for Date | |
| **2. Type of Action (check one):**  **Deactivation\***  **Discontinuance** | |
| **3. Program Title:** Program Title | **Certification levels:** Level |
| **4. Department:** Department | |
| **5.**  **Department Chair’s Letter of Support attached.** | |
| **6. Department Chair’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_** | |
| **Note: Once a program is properly discontinued by the State Education Department (NYSED), all courses listed on   this action form will be deleted by NTID Student Records/Registrar Office.** | |
| *Please submit this signed form to Associate Dean for Curriculum for further processing.* | |
| **7. Submitted to the NCC: \_\_\_/\_\_\_/\_\_\_** | |
| **8. A. NCC Action: \_\_\_/\_\_\_/\_\_\_** | |
| **\_\_\_\_ Vote to Recommend Approval** | |
| **\_\_\_\_ Vote to Recommend Approval - Revisions Necessary Revisions received: \_\_\_/\_\_\_/\_\_\_** | |
| **\_\_\_\_ No vote taken - Returned for Revision Revisions received: \_\_\_/\_\_\_/\_\_\_** | |
| **\_\_\_\_ Vote to Recommend Disapproval** | |
|  | |
| **Comments:** | |
|  | |
| **B. NCC Action: \_\_\_/\_\_\_/\_\_\_ (if resubmitted)** | |
| **9.**  **NCC Chair’s Letter describing final NCC recommendation received.** | |
| **10. NCC Chairperson’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_** | |
| **11. Submitted to the Dean through Associate VP for Academic Affairs (AVPAA) Date: \_\_\_/\_\_\_/\_\_\_** | |
| **12. AVPAA’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_** | |
| **13. Dean’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_** | |
| **14. Submitted to Provost/Vice Provost with letter from Dean Date: \_\_\_/\_\_\_/\_\_\_** | |
| **15. Submitted to NYSED via Provost/Vice Provost Date: \_\_\_/\_\_\_/\_\_\_ Date Approved: \_\_\_/\_\_\_/\_\_\_** | |
| **16. Submitted to NTID Student Records/Registrar Date: \_\_\_/\_\_\_/\_\_\_ After NYSED Approved Date: \_\_\_/\_\_\_/\_\_\_** | |
| *\*NYSED submission not needed for Deactivation (temporary suspension of new student enrollment).* | |

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| **Program Deactivation/Discontinuance Action Form *(continued)*** | |
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| **List all courses to be deleted from SIS as a result of discontinuance of the program:** | |
|  | |
| **Course Title** | **Course Number** |
| Course Title | Course Number |
| Course Title | Course Number |
| Course Title | Course Number |
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