

EASTERN MICHIGAN UNIVERSITY
DIVISION OF ACADEMIC AFFAIRS

REQUEST FOR PROGRAM PHASE OUT

DEPARTMENT/SCHOOL: _____ COLLEGE: _____
CONTACT PERSON: _____ PHONE: _____
CONTACT EMAIL: _____

A. Program Information

1. Program Title and Subject Code: _____

Note: If both a major and minor are to be phased out, please indicate both on the line above.

2. Phase Out Effective Date: Term _____ Year _____

B. Rationale for Phase Out (Check all that apply):

- 1. Insufficient Student Interest _____
- 2. Insufficient Faculty _____
- 3. Replacement by New Program _____
- 4. Other (Explain): _____

5. (If Necessary) Attach Phase Out Plan

C. Action of the Department/School and College

1. Department/School

Vote of faculty: For _____ Against _____ Abstentions _____
(Enter the number of votes cast in each category.)

Department Head/School Director Signature Date

2. College

College Dean Signature Date

D. Approval

Associate Vice-President for Academic Programming Signature Date