



DO NOT TYPE IN THIS BOX
Bulletin #: _____
Academic Year: _____

FLORIDA INTERNATIONAL UNIVERSITY CURRICULUM PROPOSAL

Program Termination

Undergraduate			Graduate	
*Combined:	Undergraduate – Graduate		Graduate – Graduate	
INSTRUCTIO	DNS: Please T	ype. Fill out this form	completely.	
Title of Program:				
Degree Level:	Bachelor's	Master's	Doctorate	
Proposed Termin	ation Date:			
PROPOSAL REG	QUESTED BY:			
School/Colleg	e		Div./Dept	
Faculty Contac	t	(Type Name)	(Signature)	/20
		(Email address)	(Phone Number)	
Chair (Dept./Div.)		(Type Name)	(Signature)	//20
Chair (Curr. Co	mm.)	(Type Name)		//20
		(Type Name)		//20
*School/College			Div./Dept.	
Faculty Contac	t	(Type Name)	(Signature)	/20
		(Email address)	(Phone Number)	
Chair (Dept./Div	v.)	(Type Name)	(Signature)	//20
Chair (Curr. Co	mm.)	(Type Name)	(Signature)	//20
College/School	Dean	(Type Name)	(Signature)	//20
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NO HEARING REQUIRED. PROGRAM TERMINATION REQUIRES APPROVAL BY THE SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS COMMISSION ON COLLEGES. PLEASE ATTACH A TEACH-OUT PLAN ACCORDING TO THE GUIDELINES PROVIDED ON THE FOLLOWING PAGE. * If applicable

Teach-out plans should include the following:

1. Provide the closure date, defined by SACSCOC as the date when students are no longer admitted.

2. An explanation of how affected parties – students, faculty, and staff – will be informed of the impending closure.

3. An explanation of how all affected students will be helped to complete their programs of study with minimal disruption or additional costs.

4. Explain whether the students subject to the teach-out plan will incur additional charges or other expenses because of the teach-out and, if so, how the students will be notified.

5. Copies of signed teach-out agreements with other institutions, if applicable.

6. A description of how faculty and staff will be redeployed or helped to find new employment.

Note: Do not submit individually identifiable student information.