***Deletion/Suspension Program Request***

***NOTE***: Program deletion notices must be submitted to the Division of Educator Preparation once the closure date is established by an educator preparation provider (EPP)’s internal leadership and Institutions of Higher Learning (IHL) as applicable. EPPs have up to 90 days from the date of program close (noted above) to recommend candidates for licensure.

The EPP is responsible for communicating the following licensure information to candidates enrolled in programs that are scheduled to close that they will have up to 90 days from institutional recommendation to submit a complete application for licensure. An application is considered complete once all supporting documentation is received.

**Provider Information:**

|  |  |
| --- | --- |
| Provider: | Click or tap here to enter text. |
| Contact Name: | Click or tap here to enter text. |
| Contact Phone Number: | Click or tap here to enter text. |
| Contact Email: | Click or tap here to enter text. |
| Date Notice Submitted to MDE: | Click or tap to enter a date. |
| Last Date to Enter Program: | Click or tap to enter a date. |
| Date of Program Closure: | Click or tap to enter a date. |

**Program Information:**

|  |  |  |
| --- | --- | --- |
|  | Teacher Education Program: | Click or tap here to enter text. |
|  | Ed Leadership/Administrator Program |  |
|  | Other Advanced Program: | Click or tap here to enter text. |

**Please Identify:**

|  |  |
| --- | --- |
| Modification Type: | Choose an item. |
| Licensure Area: | Choose an item. |
| Endorsement Code: | Click or tap here to enter text. |
| Program Type: | Choose an item. |

**Institutional Approval:**

|  |  |
| --- | --- |
| Date of Final University Approval | Click or tap to enter a date. |
| Date of Institutions of Higher Learning (IHL) Approval (Public EPPs only) | Click or tap to enter a date. |

***NOTE***: IHL approval is needed for renaming, reorganizing, restructuring, suspending, and/or deleting degree programs. The Division of Educator Preparation is unable to review program requests that have not received prior institutional approval.

**Complete the following information (**text box will expand**):**

1. **Provide a 1-2 sentence summary statement for the proposed program closure. Language from this statement will be used for Licensure Commission and State Board agendas.**

Click or tap here to enter text.

1. **State the justification rationale/overview for closing the program with sequential steps to ensure candidates are supported through the licensure process.**

Click or tap here to enter text.

1. **Provide the current number of candidates enrolled.**

Click or tap here to enter text.

1. **State your institution’s teach-out support strategies for licensure and any noted financial constraints that may impede candidate completion.**

Click or tap here to enter text.

1. **What is the impact on accreditation or other academic program(s) at your institution?**

Click or tap here to enter text.

1. **List any EPPs in the state currently offering a similar program along with the program name.**

Click or tap here to enter text.

1. **Checklist of Supporting Documents:**

|  |  |
| --- | --- |
|  | Teach out plan(s) for students currently enrolled. |
|  | List of enrolled candidates and anticipated date of completion for each. |
|  | Sample letter to candidates explaining closure of program and licensure process. |

**Proposal Review and Accuracy**

I have reviewed this proposal and certify the information in this request is accurate and complete.

|  |  |
| --- | --- |
| Dean Name: | Click or tap here to enter text. |
| Dean Signature: |  |
| Date: | Click or tap to enter a date. |

*Submit this form and supporting documents as PDF files into your institution’s SharePoint folder. Incomplete forms and documents will be returned to the EPP thus delaying the request.*