

6-3 Program Suspension & Reinstatement Form

College:

Date:

College Contact:

Phone:

Email:

Program Number:

Program Title:

Select one: Suspension Reinstatement

For Suspensions Only:

Number of students currently enrolled who will need to finish the program:

Reason(s) for suspending the program: (limit of 500 characters)

Attach as "Attachment A" (Additional information)

Attach as "Attachment B" documentation of plan to stop enrollment and transition enrolled students to complete the program.

Suspension Effective Date:

For Reinstatements Only:

Reason(s) for reinstatement: (limit of 500 characters)

Projected reinstatement date:

Attach as "Attachment C" documentation of advisory committee support.

Signature: _____ Date: _____
District President or Instructional Services Administrator

Printed Name: _____

When document is complete, please submit this form and attached documentation via a single “.pdf” file, including attachments to programs@wtcsystem.edu