

6-4 Program Discontinuance Form

College:

Date:

College Contact:

Phone:

Email:

Program Number:

Program Title:

Suspension Date:

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

Students in the program have been notified of program discontinuance?

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

Discontinuance Date:

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