

### **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)

Is this program parent to Embedded Technical Diploma(s) or Pathway Certificate(s)?

Yes                      No

If YES, enter Program Number and Title:

Program Number

Program Title

The undersigned acknowledges that all related Embedded Technical Diplomas as/or WTCS Pathway Certificate program(s) will be suspended at the same time as this program.

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

Attach as "Attachment C" documentation of advisory committee notification and/or support.

Suspension Effective Date:

**For Reinstatements Only:**

Reason(s) for reinstatement: (limit of 500 characters) include "Attachment C"

Projected reinstatement date:

TSA has been reviewed to be current      Yes      No - Program reinstated without TSA

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
District President or Instructional Services Administrator

Printed Name: \_\_\_\_\_

When document is complete, please follow your district's procedures for review and submission. The appropriate personnel should submit this form along with all attached documentation in a single .pdf file to [programs@wtcsystem.edu](mailto:programs@wtcsystem.edu).