

6-4 Program Discontinuance Form

College:

Date:

College Contact:

Phone:

Email:

Program Number:

Program Title:

Suspension Date:

☐ There are no more students in this program

Implementation Effective:

Implementation Date:

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 discontinued at the same time as this program.

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

College-initiated discontinuance:

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.

System-initiated discontinuance. This program has been in suspension for three (3) or more years.

Signature: _____ Date: _____
AVP - Office of Instructional Services