6-3 Program Suspension & Reinstatement Form

College: Date:

College Contact: Phone:

Email:

Program Number:

Program Title:

Select one: Suspension   Reinstatement   **Implementation Date (below):**

Implementation Effective:

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.

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.