

## **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

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.

If this program is a parent program, enter child Program Number(s) and Title(s):

Program Number                    Program Title

Reason(s) for discontinuing the program:

**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](mailto:programs@wtcsystem.edu).

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
AVP - Office of Instructional Services