

**Appendix D**

**The University of North Carolina**

**Request for Authorization to Discontinue a Degree Program**

Date: \_\_\_\_\_

Constituent Institution:

\_\_\_\_\_

CIP Discipline Specialty Title:

\_\_\_\_\_

CIP Discipline Specialty Number: \_\_\_\_\_ Level: B \_\_\_\_\_ M \_\_\_\_\_ I \_\_\_\_\_ D \_\_\_\_\_

Title of Authorized Program: \_\_\_\_\_ Degree Abbreviation: \_\_\_\_\_

Date of Proposed Discontinuation: month \_\_\_\_\_ year \_\_\_\_\_

Does the discontinuation of the program involve the discontinuation of an off-site or online delivery of the program? Program \_\_\_\_\_ Site or Online \_\_\_\_\_

If the program to be discontinued is offered at off-campus sites, please list them.

- (1) \_\_\_\_\_  
(city) (county) (state)
- (2) \_\_\_\_\_  
(city) (county) (state)
- (3) \_\_\_\_\_  
(city) (county) (state)

Explain why the program is being discontinued. If the program addresses high priority needs, how will those needs be addressed by other programs? Describe steps to be taken to allow students enrolled in the program to complete their courses of study.

**Consequences of Discontinuation**

How many faculty members will be reassigned?

How many staff will be reassigned?

How many EPA non-faculty will be reassigned?

How many faculty, staff, or EPA non-faculty will be discontinued?

How much funding is to be reallocated based on this discontinuation?

Name, title, telephone, and e-mail of contact person for this notification of discontinuation:

\_\_\_\_\_

Signature of Chancellor (or designee): \_\_\_\_\_