Appendix I

The University of North Carolina

Distance Education Degree Program Online or Site Discontinuation Form

Date:_____

Constituent Institution:

_____

CIP Discipline Specialty Title:

_____

CIP Discipline Specialty Number: _____Level: B _____ M ____ I _____ D ____

Title of Authorized Program: _____Degree Abbreviation:_____

Date of Authorization: month _____ year_____ Date of Initiation: month _____ year _____

Date of Proposed Discontinuation: month _____ year _____

Is this program (or any course sections of the program) offered through individual access (e.g., online, videocassette)? Y_____ N ____

If "yes," primary mode of delivery:

_____

List all site-based locations originally authorized. Add lines as needed:

(1)
_____
(city) *(county)* *(state)*

(2)_____
(city) *(county)* *(state)*

(3)_____
(city) *(county)* *(state)*

Is the entire authorized distance education degree program to be discontinued at the date given above?

Yes _____ No _____

If "no," indicate below those portions of the program that are to be discontinued:

Individual or online access portion of the program: Yes _____ Not Applicable _____

Site-based locations to be discontinued: Yes ___ Not Applicable _____

Sites to be discontinued:

(1) _____
(city) *(county)* *(state)*

(2) _____
(city) *(county)* *(state)*

(3) _____
(city) *(county)* *(state)*

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?

Amount of funds reallocated for each discontinuation.

Amount of funds reduced for each discontinuation.

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

_____

Chief Academic Officer_____