APPENDIX D  
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): ________________________________________________