APPENDIX I

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)
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______________________________