**TO:** Provost’s Name

 Provost & Senior Vice President for Academic Affairs

**THROUGH:** Graduate Dean’s Name

 Dean, Graduate School (if appropriate)

**THROUGH:** Dean’s Name

 Dean, College/School

**FROM:** Department Head’s/Chair’s Name

 Head, Department

**DATE:** Click or tap to enter a date.

**SUBJECT:** Preproposal documentation for Deletion of Title of Program, Distance Program, Option, or Degree Nomenclature

We request approval to commence with the planning for deletion of Title of Program, Distance Program, Option, or Degree Nomenclature. Details of the proposal are described below.

**Proposal:**

The Department within the College/School is proposing the deletion of the Program(s), Distance Program(s) or Option(s).

**Review and Consultation:**

Include a rationale (1 paragraph). What are the reasons for deleting the program(s), Distance Program(s) or Option(s)? Why is the unit making the request now?

**Recommendation:**

I recommend approval to close the Title of Program, Distance Program, Option, or Degree Nomenclature.