

## Program Modification and Deactivation Form

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### Section 1: Program Overview

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**Program Name**

**Degree Level**

**Degree Acronym**

**Major/Pathway**

**School(s)**

**Department(s)**

Provide the current program description.

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### Section 2: Program Deactivation

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Is this program being deactivated?

Yes  No

If the answer to question above is yes,

1. Please state the reason(s) for deactivating the program.

2. Provide a teach out plan for the program.

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### Section 3: Program Modifications

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Select all modifications that apply:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Program Title                       | <input type="checkbox"/> CIP Code        | <input type="checkbox"/> Program Description |
| <input type="checkbox"/> Program Student Learning Objectives | <input type="checkbox"/> Core Curriculum | <input type="checkbox"/> Field of Study      |
| <input type="checkbox"/> Upper-Level Courses                 | <input type="checkbox"/> Concentration   | <input type="checkbox"/> Minor               |
| <input type="checkbox"/> Degree                              |  |  |

State the modifications for the course:

Program Title:

CIP Code:

For a complete list of CIP Codes: <https://nces.ed.gov/ipeds/cipcode/default.aspx?v=56>

For CIP Codes currently in use at USG institutions: <https://apps.ds.usg.edu/ords/f?p=118:1>

Program Description:

Program Student Learning Objectives:

Core Curriculum:

**Institutional Priority**

**Mathematics and Quantitative Skills**

**Political Science and U.S. History**

**Arts and Humanities**

**Communicating in Writing**

**Technology, Mathematics, and Sciences**

**Social Sciences**

Field of Study:

Upper-Level Courses (Note which courses are required and/or electives):

Concentration(s):

Minor(s):

Degree (Example - ASCC to AACC):

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## Section 4: Submission and Approvals

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**Effective Date**

This will be the Fall semester of the following year. Exceptions require approval from the Office of the Provost.

**Date Approved by  
Department**

Department 1:

Department 2:

Department 3:

**Chair Signature**

**Dean Signature**

**Date Approved by  
Curriculum Committee**

**Date Approved by  
Faculty Senate**

**Provost Signature**