

## Degree/Certificate Teach Out Plan

Name of Program:		_	
Justification of Deletion of Progr	RAM:		
Include how students will be notified and who the primary point of contact will be to assist them during the transition.			
TOTAL # OF STUDENTS IN TEACH OUT PLAN:			
EFFECTIVE START DATE OF TEACH OUT PLAN	l:		
Last Semester Certificate or Degree Wi	ll Be Awarded:		
NOTE: After this date students will not be eligible Out Plan must have completed the program requirements.			
List of Courses Needed for Teach Out:	Semesters Courses	Semesters Courses will be offered:	
Signature Of Department Chair:		Date:	
Approved By Curriculum Committee:		Date:	
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