



Program Closure Request Form

Academic Affairs / Institutional Research & Effectiveness
 5150 Sugarloaf Parkway
 Lawrenceville, GA 30043
 Email: IE@gwinnettech.edu

LAWRENCEVILLE | ALPHARETTA-NORTH FULTON

Note: This document will time out within 45 minutes, it is recommended that you type your statements on a separate Microsoft Word document then copy and paste the text into the following boxes. **You cannot save this as a draft.** If you have any questions, please contact Deborah von Deutsch at dvondeutsch@gwinnettech.edu or ext. 6984.

Approval is required prior to program closure.

January 1 deadline for the following Fall term closure.

July 1 deadline for the following Spring term closure.

Closure is defined as closed to admission or entry, not the cessation of instruction; i.e., closure date is when students can no longer be admitted. This includes ending a program at all locations or by all methods of delivery, but also includes ending a student's completion option at a specific location or by a specific method of delivery. Therefore, program closure approval is required if a program closes at a location but continues to be offered at other locations or closes a method of delivery but continues to be offered by other methods of delivery.

Closure Information

Program Name	* <input type="text"/>
Major Code	* <input type="text"/>
Award Level	* -- Please Select -- <input type="button" value="v"/>
Proposed date when students are no longer admitted (at least six months from date of this submission).	* <input type="text"/>
Briefly explain reason for closing this program.	* <input type="text"/>
Are there students currently enrolled in the program?	* -- Please Select -- <input type="button" value="v"/>
If yes, how many?	<input type="text"/>
Explanation of how affected parties - students, faculty and staff - will be informed of the impending closure.	* <input type="text"/>
Explain how all affected students will be helped to complete their programs of study with minimal disruption or additional costs. (If affected students are changing majors, include details of program, proposed start date, new graduation date if needed, and crosswalk of course.) If no teach-out plan is needed, explain why.	* <input type="text"/>
Explain whether the students subject to the teach-out plan will incur additional charges or other expenses because of the teach-out and, if so, how the students will be notified.	* <input type="text"/>
Upload copy of teach-out plan. (If the program is accredited, description of their process and any notification letters/documentation must be part of the teach-out plan, including if this will terminate the relationship with the accrediting body.)	<input type="button" value="Attach File"/>

Describe how faculty and staff will be redeployed or helped to find new employment.

*

What will be done with equipment, supplies and facilities after termination?

*

Upload list of affected equipment, supplies and facilities.

Program Group

* -- Please Select --

Requestor's First Name

*

Requestor's Last Name

*

Requestor's Email Address

*

Program Dean - First Name

*

Program Dean - Last Name

*

Program Dean's Email Address

*

*

Requestor's Signature

Date





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SACSCOC Approval

TCSG Approval

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SACSCOC Approval

Substantive change request documents submitted to SACSCOC *

Does this program closure have SACSCOC approval? * -- Please Select --

SACSCOC response *

SACSCOC approved closure date: *

CIP Code and SOC Code *

TCSG Approval

Does this program closure have TCSG approval? * -- Please Select --

TCSG Board Meeting Minutes and/or email approving closure. *

*

SACSCOC Liaison Signature Date



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System Updates

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Recruitment

Please check box and sign when program closure information has been compiled and delivered to Recruitment Team.

Program closure information has been compiled and delivered to Recruitment Team. *

*

 Executive Director/Recruitment Signature

 Date

One-Stop

Please check box and sign when program closure information has been compiled and delivered to Enrollment Advisors.

Program closure information has been compiled and delivered to Enrollment Advisors. *

*

 Enrollment Manager Signature

 Date

Target X

Please check box and sign when program closure information has been uploaded into Target X.

Program closure information has been uploaded into Target X. *

*

 Director/Admissions Signature

 Date

Catalog, DegreeWorks, and Academic Affairs Banner

Please check box and sign after program closure information is added to Catalog and DegreeWorks, and updated in Banner.

The program closure information has been added to Gwinnett Technical College's catalog and DegreeWorks, and updated in Banner for Academic Affairs. *

*

 Manager/Academic Systems Signature

 Date

Student Affairs Banner

Please check box and sign once Banner update has been completed.

The program has been updated in Banner for Student Affairs. *

*

 Registrar Signature

 Date

Website - Program Webpages / Faculty Credentials Chart

Please check box when Communications has been notified of updates needed for all webpages affected by this closure.

The updates needed for all webpages affected by the closure have been submitted to Communications. *

Please check box and sign when Coordinator, Academic Affairs Quality Assurance/Assessment has been notified of updates needed to Faculty Credentials Chart affected by this closure.

The updates needed to Faculty Credentials Chart affected by this closure have been submitted to the Coordinator, Academic Affairs Quality Assurance/Assessment. *

*

Program Director Signature

Date

Previous

Next



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Notification Acknowledgement

Timer Hide
45 minutes

* = required field

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Acknowledgement

This serves as notification that this program closure has been approved and updated in the Catalog, Banner and Target X.

You may now inform your team and include this information in your processes and literature.

Once submitted, you may contact Deborah von Deutsch, dvondeutsch@gwinnettech.edu, for copies of this form or uploaded files.

Acknowledged

*

*

VP Academic Affairs Signature

Date

Acknowledged

*

*

VP Student Affairs Signature

Date

Acknowledged

*

*

VP Administrative Services Signature

Date

Acknowledged

*

*

Dean Signature

Date

Acknowledged

*

*

Program Director Signature

Date

Acknowledged

*

*

Exec. Director/Enrollment Support Signature

Date

Acknowledged

*

*

Enrollment Manager - ECMD

Date

Acknowledged

*

*

ANF Enrollment Manager

Date

Acknowledged

*

*

Exec. Director/Enrollment Processing Signature _____ Date _____

Acknowledged
*

*

Exec. Director/Financial Aid Signature _____ Date _____

Acknowledged
*

*

Exec. Director/Recruitment Signature _____ Date _____

Acknowledged
*

*

Director/Admissions Signature _____ Date _____

Acknowledged
*

*

Registrar Signature _____ Date _____

Acknowledged
*

*

Executive Director-Communications _____ Date _____

Acknowledged *

*

Director/Veteran Affairs Signature _____ Date _____

Acknowledged
*

*

Coordinator/WIOA Signature _____ Date _____

Acknowledged
*

*

Graduate Advisor Signature _____ Date _____

Acknowledged
*

*

Coordinator/Retention Services Signature _____ Date _____

Acknowledged
*

*

Director/Recruitment & Dual Enrollment Signature _____ Date _____

Acknowledged
*

*

Manager/Dual Enrollment Signature _____ Date _____

Acknowledged
*

*

Director, International Student Services
Signature

Date

Previous