

PROGRAM DELETION FORM

The purpose of this form is for faculty and staff to delete a current CCD program. The form must be approved by the instructor, program chair, academic dean, the academic standards chair, provost, and CCCS.

Center: _____ Effective Term & Year: _____

Program Name (exactly as appears in the catalog, online, and Banner): _____

Program Description (exactly as appears in the catalog, online, and Banner):

Presenter: _____ Email: _____

Program Type:

Degree

Certificate

Other: _____

Six digit CIP (IPEDS) Code: _____

Link to IPEDS Codes: [National Center for Education Statistics' website.](http://nces.ed.gov/ipeds/datacenter/ipedscode/)

Program Offered at (check all that apply):

Auraria

Lowrey

Advanced Manufacturing Center

Other: _____

Delete Program

✓ Attach program description and program requirements exactly as it appears in the catalog, online, and Banner.

Total Current Credit Hours: _____ Total Current Contact Hours: _____

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Is this program currently financial aid eligible (16+ credits)?

* If yes, you must speak with the Dean of Instruction to ensure the Department of Education has been contacted about this change.

Yes

No

Does this program report under the Gainful Employment Act (i.e. CTE Certificate program)?

Yes

No

*If yes, you will be expected to provide the following information which will be publicly posted on our website until all students have graduated:

- Median wage information in the field
- The number and percentage of graduates who found employment in the field
- Most common titles of these graduates in their employment
- Any licensure requirements
- Pass rates for licensure examinations required to work in the field
- Number of students who graduate on time
- Program costs
- Typical loan debt graduates carry
- Typical monthly payments on loan debt

Is this program currently classified as no fee, medium fee, or high fee?

No Fee

Medium Fee

High Fee

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1. If this is a CTE program, you must include the advisory committee meeting minutes where the program deletion was discussed and approved, along with the current by-laws and advisory committee membership including contact information and roles.
2. If you currently have an articulation agreement that will be affected by the deletion, please include these documents.
3. Please attach a semester by semester guide of all courses required within this program.
4. Please include a rationale for the deletion.

Required Approvals:

Program Chair (print): _____

Signature: _____ Date: _____

Dean (print): _____

Signature: _____ Date: _____

Academic Standards Chair (print): _____

Signature: _____ Date: _____

Provost (print): _____

Signature: _____ Date: _____