**PROGRAM TO BE SUSPENDED** (Temporary suspension of program to examine future direction; time not to exceed two years. No new students admitted during suspension, but currently enrolled students must be given opportunity to satisfy degree requirements)**:**

**RATIONALE** (include proposed date after which no new students will be admitted into the program and how currently enrolled students will be accommodated to realize t5heir degree objectives)**:**

**PROGRAM TO BE REACTIVATED** (Must be within three years of suspension)**:**

**RATIONALE:**

**PROGRAM TO BE TERMINATED:**

**RATIONALE:** *See USM Policy on the Review and Abolition of Existing Academic Programs (*[*http://www.usmd.edu/regents/bylaws/SectionIII/III702.html*](http://www.usmd.edu/regents/bylaws/SectionIII/III702.html)*) and provide the necessary information.*

|  |  |  |
| --- | --- | --- |
| **IMPACT REVIEW** SIGNATURES (see procedures for authorized signers) | | DATE |
| Library  No impact  Impact statement attached | Director or designee: |  |
| Admissions  No impact  Impact statement attached | Director or designee: |  |
| Records  No impact  Impact statement attached | Registrar or designee: |  |

|  |  |  |
| --- | --- | --- |
| **APPROVAL SEQUENCE** APPROVAL SIGNATURES | | DATE |
| 1. Department / Division |  |  |
| 2. Final faculty review body within each  School/ College |  |  |
| 3. College Dean or Designee |  |  |
| 4. UFS |  |  |
| 5. Provost or Designee |  |  |
| 6. President |  |  |
| 7. USM |  |  |
| 8.. MHEC |  |  |