**The University of Alabama**



**Intent to Close a Degree Program or Off-Campus Site**

The closure or deletion of an academic degree program must be reported to both ACHE and SACSCOC. SACSCOC requires that notification of closures of academic degree programs include a Teach Out Plan and Teach Out Agreement (if applicable).

Please complete this form and submit with signatures to Ginger Bishop, SACSCOC Liaison, [vabishop@ua.edu](mailto:vabishop@ua.edu)

**College: Contact Person: Department: Title: Major/Program: Email:**

**CIP Code: Telephone: Degree(s): Date Proposal Submitted: Address of Off-Campus Site (if applicable) Effective Date of Closure:**

**Rationale for Closing Degree Program or Off-Campus Site**

**The Teach Out PLAN**

A. Describe how students, faculty and staff will be notified of intent to close

B. Describe how students will be counseled on completing studies

C. Describe how faculty and staff will be redeployed

**The Teach Out AGREEMENT (if applicable)**

Describe the responsibilities of The University of Alabama and other parties to ensure the equitable treatment of students and reasonable opportunities for students to complete the program of study to be closed.

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| --- | --- | --- | --- |
| Department Chair |  |  |  |
|  | *(Print Name)* | *(Sign)* | *(Date)* |
| College Associate Dean |  |  |  |
|  | *(Print Name)* | *(Sign)* | *(Date)* |
| College Dean |  |  |  |
|  | *(Print Name)* | *(Sign)* | *(Date)* |
| Graduate Dean |  |  |  |
| *(If applicable)* | *(Print Name)* | *(Sign)* | *(Date)* |
| Associate Provost for International Education |  |  |  |
| *(If applicable)* | *(Print Name)* | *(Sign)* | *(Date)* |
| Provost |  |  |  |
|  | *(Print Name)* | *(Sign)* | *(Date)* |