**Internal Suspension and Termination Template**

***- for-credit programs not requiring Ministry approval -***

This template is to be used for proposals to suspend or terminate the following program types that do not require Ministry approval:

* Second-level specializations (e.g., minors of undergraduate programs, Honors streams of existing undergraduate programs, and second-level specializations of graduate programs)
* Embedded certificates

Faculties and Departments must consult with the Portfolio Initiatives Manager in the Office of the Provost and Vice-President (Academic) ([carley.roth@ualberta.ca](mailto:carley.roth@ualberta.ca)) on the appropriate template and process. Graduate proposers must also consult with the Faculty of Graduate Studies and Research ([fgsrgov@ualberta.ca](mailto:fgsrgov@ualberta.ca)).

**PROPOSAL TYPE**

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| **This proposal is for a** *(select one):* |
| Suspension - Complete [Section A](#bookmark=id.lmd7xe7tie25) only  Termination - Complete [Section B](#bookmark=id.eypq89k5nzas) only |

**SECTION A: SUSPENSION**

Suspension of a program means to suspend admissions, thereby allowing currently enrolled students to complete the requirements while preventing new students from enrolling. Suspensions are typically implemented for a five-year period. A period of suspension must precede the termination of a program.

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| **1: Basics** | | |
| **Specialization/Embedded Certificate Name** |  | |
| **Faculty/Department** |  | |
| **Contact information** | Name and Title |  |
| Phone |  |
| Email |  |
| **Proposed start date of suspension** |  | |
|
| **Proposed end date of suspension** |  | |
| **Attachments** | | |
| Proposed Calendar changes  Letter of Support from the Dean of the Faculty | | |

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| **2: Rationale, Implications, and Impacts** | |
| **Rationale for Suspension of Specialization / Embedded Certificate**  Explain the reason for the suspension with supporting evidence (e.g., low student demand, declining labour market demand, institutional capacity, need for program redevelopment, quality assurance review recommendation, etc.). |  |
| **Document enrolments by head count for the most recent 5-year period** | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Enrolment** | **20XX** | **20XX** | **20XX** | **20XX** | **20XX** | | **Total Headcount** | 0 | 0 | 0 | 0 | 0 | | * Year 1 | 0 | 0 | 0 | 0 | 0 | | * Year 2 | 0 | 0 | 0 | 0 | 0 | | * Year 3 | 0 | 0 | 0 | 0 | 0 | | * Year 4 | 0 | 0 | 0 | 0 | 0 | | |
| **Rationale for End date**  Briefly explain the rationale for the proposed end date for the suspension. |  |
| **Current Students**  Describe how active students will be assisted in completing graduation requirements during the suspension period, as well as information regarding formal communication plans. |  |
| **Stop-Out Students**  Describe how stop-out students will be managed, including information regarding communication plans. |  |
| **Consultation**  Briefly describe the consultation process that occurred with students and other relevant stakeholders, and the feedback received. |  |
| **Resource Implications**  Identify relevant financial impact, including reallocation of internal resources. |  |
| **Approval Process**  Indicate the internal governance path, including meeting dates |  |

**SECTION B: TERMINATION**

Termination of a program means that the program has been eliminated and can no longer be offered. Terminations must be preceded by a period of suspension, typically five years.

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| **1: Basics** | | |
| **Specialization / Embedded Certificate Name** |  | |
| **Faculty/Department** |  | |
| **Contact information** | Name and Title |  |
| Phone |  |
| Email |  |
| **Proposed effective date of termination** |  | |
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| **Attachments** | | |
| Proposed Calendar changes  Letter of Support from the Dean of the Faculty | | |

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| **2: Rationale, Implications and Impacts** | |
| **Rationale for Termination**  Identify the reason(s) for the termination with supporting rationale and evidence. |  |
| **Was the proposal preceded by a suspension?**  If yes, please indicate the date of the suspension.  If not, explain why a period of suspension was not implemented and indicate when students were last admitted to the program.  *Note: terminations that are not preceded by a period of suspension must first be approved by the Vice-Provost (Programs) prior to entering the approval process.* |  |
| **Consultation**  Describe the consultation process that occurred with relevant stakeholders. |  |
| **Communications**  Describe plans for communicating the termination decision to relevant stakeholders. |  |
| **Resource Implications**  Describe plans for reallocation of resources previously used for this Specialization/Embedded Certificate. |  |
| **Approval Process**  Indicate the internal governance path, including meeting dates |  |