Proposal Template: Program Suspension and Extension of Suspension

## Use this template for proposals to suspend approved programs or specializations or to propose an extension to a current suspension.

Fill in the section below that is relevant to your proposal:

* Section A: if you are proposing a suspension of a ministry-approved program or specialization;
* Section B: if you are proposing an extension to a suspension previously approved by the ministry which is still in effect for a program or specialization.

Institutions should:

* ensure that submission content is concise. Any additional information may be appended;
* indicate “not applicable” when questions are not relevant to a particular proposal; and
* ensure that applicable supporting documents are attached to the proposal.

## Basic Information (all proposals must complete this section)

|  |  |
| --- | --- |
| **Institution** |  |
| **Program Name** |  |
| **Specialization Name**  |  |
| **Credential Awarded**  |  |
| **Proposed start date of suspension** |  |
| **Proposed end date of suspension** |  |

**SECTION A: PROGRAM SUSPENSION**

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| **SECTION A: RATIONALE** |

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| 1. **Suspension Rationale**
 |
| 1. Identify the purpose for the suspension with supporting rationale and evidence (e.g., low student demand, declining labour market demand, institutional capacity, need for program redevelopment, quality assurance review recommendation, etc.).
 |
| 1. Document enrolments (by head count) for the most recent 5-year period, including the current academic year if available.
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| --- | --- | --- | --- | --- | --- |
| **Enrolment** | 20XX | 20XX | 20XX | 20XX | 20XX |
| **Total Head count** | 0 | 0 | 0 | 0 | 0 |
| * 1st Year of Study
 | 0 | 0 | 0 | 0 | 0 |
| * 2nd Year of Study
 | 0 | 0 | 0 | 0 | 0 |
| * 3rd Year of Study
 | 0 | 0 | 0 | 0 | 0 |
| * 4th Year of Study
 | 0 | 0 | 0 | 0 | 0 |
| **Reviewer’s Comment:** |

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| 1. Indicate when admissions into program/specialization will be or were closed.
 |
| 1. Briefly explain how the proposed end date of the suspension was determined.
 |
| 1. Provide specific information about which internal governance body approved the suspension, and provide date of approval.
 |
| 1. Check the applicable box to specify the longer-term plan.
 | [ ]  To terminate the program.[ ]  To reactivate the program. |

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| **SECTION B: ACCESS** |

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| 1. Identify potential student access considerations and risks to the Alberta Adult Learning System that the suspension of this program could pose (include both (a) information about related programs available to prospective students internally at your institution; and (b) externally at other Alberta institutions).
 |
| 1. If the program or specialization is unique in the province, briefly describe consultation within the Alberta Adult Learning System to investigate feasibility of program/specialization transfer.
 |
| 1. Briefly describe the consultation process that occurred with students at your institution regarding this programming change.
 |
| 1. Briefly describe your institution’s plans to assist active students, if any remain, in completing graduation requirements during the suspension period, including information about formal communication and student advising plans.
 |
| 1. Briefly describe your institution’s plans to accommodate stop-out students, if any have been identified, including information about formal communication plans.
 |
| **Reviewer’s Comment:** |

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| **SECTION C: IMPACT** |

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| 1. Identify which stakeholder groups were consulted regarding demand/need for this program:
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| [ ]  Faculty  [ ]  Regulator and/or accreditation bodies  | [ ]  Employers and professional associations[ ]  Advisory Committee(s) [ ]  Other (please identify) |
| 1. Briefly describe the consultation process conducted with these stakeholders and summarize the feedback received.
 |
| 1. Identify financial impacts and plans for reallocation of internal resources, particularly staff and classroom and lab space.
 |
| **Reviewer’s Comment:** |

**SECTION B: SUSPENSION EXTENSION**

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| **SECTION A: RATIONALE** |

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| 1. Briefly describe the rationale for original suspension request. (Attach ministry approval letter for the original suspension.)
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| 1. Briefly explain why the extension is needed and include supporting evidence (e.g., active students have not completed graduation requirements).
 |
| 1. If there are students still in the program, describe how they will be supported to complete graduation requirements while the suspension is in place.
 |
| 1. Explain how the duration of the suspension extension was determined.
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| **Reviewer’s Comment:** |

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| **SECTION B: OTHER CONSIDERATIONS** |

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| **Other considerations** |
| 1. Are there other factors or considerations the Ministry should take into account when reviewing this proposal?
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| **Reviewer’s Comment:** |

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| **RECOMMENDATION (FOR DEPARTMENT USE)** |
| **Recommendation(s):** |
| **Rationale for Recommendation:** |
| **Reviewer(s):** |
| **Date Completed:** |