**Request to Suspend an Academic Certificate Program Template**

If you need assistance to complete this form prior to submission, please contact Dr. Serenity Rose King, Associate Vice President for Institutional Success and Decision Support by email: [serenity.king@utdallas.edu](mailto:serenity.king@utdallas.edu) or by phone, 972.883.6749.

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| **OVERVIEW** | |
| **Primary Contact** |  |
| **Administrative Unit Name** (e.g., School or Department Name) |  |
| **Academic Certificate Program Title** |  |
| **Certificate Level** | Undergraduate  Graduate |
| **Provide rationale** | Explain why it is necessary for the school / program to suspend the academic certificate and stop admitting students into the certificate program. |
| **Impact on existing students / teach-out plan** | Are there any existing students currently enrolled in the academic certificate program? If yes, please explain how these students can complete their certificate program by providing a teach-out plan. |
| **Effective Suspension Date** | Provide the effective suspension date. |
| **Length of Suspension Period** | Provide the length of suspension period. |
| **Future Plans** | Describe any future plan to reinstate or close the academic certificate. |