**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 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.       |