

## Idaho State Board of Education

### Proposal for Discontinuation

Date of Proposal Submission:	
Institution Submitting Proposal:	
Name of College, School, or Division:	
Name of Department(s) or Area(s):	

**Program Identification for Proposed Discontinued Program:**

Title:	
Degree/Certificate:	
Method of Delivery:	
CIP code:	
Proposed Discontinuation Date:	

**Indicate whether this request is a discontinuation of either of the following:**

- |                                   |                      |
|-----------------------------------|----------------------|
| Undergraduate Program             | Graduate Program     |
| Undergraduate Certificate         | Graduate Certificate |
| Administrative/Instructional Unit | Other                |

**CTE Program (check all that apply)**

- Basic Technical Certificate
- Intermediate Technical Certificate
- Advanced Technical Certificate
- Associate of Applied Science Degree

College Dean (Institution) _____	State Administrator, IDCTE _____
Date	Date
Graduate Dean (as applicable) _____	Academic Affairs Program Manager _____
Date	Date
FVP/Chief Fiscal Officer (Institution) _____	Chief Financial Officer _____
Date	Date
Provost/VP for Instruction (Institution) _____	Chief Academic Officer, OSBE _____
Date	Date
President _____	SBOE/Executive Director Approval _____
Date	Date