

**State Council of Higher Education for Virginia
 INTENT TO DISCONTINUE AN ACADEMIC DEGREE PROGRAM
 COVER SHEET**

1. Institution	
2. Degree program title	
3. Degree designation	4. CIP code
5. Degree program approval date by Council	
6. Date beyond which no new enrollments will be accepted	7. Desired termination date for reporting degrees (semester and year)
8. For community colleges: local board discontinuance date	9. Board of Visitors or State Board for Community Colleges discontinuance date
<p>10. For Critical Shortage Area Only. Check all that apply and explain.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Lack of student demand <input type="checkbox"/> State-wide public program duplication </div> <div style="width: 45%;"> <input type="checkbox"/> Lack of market demand <input type="checkbox"/> Other (Please describe) </div> </div> <p>Explanation:</p> <div style="background-color: #f0f0f0; height: 80px; margin-top: 5px;"></div> <p>List constituents impacted by action.</p> <div style="background-color: #f0f0f0; height: 80px; margin-top: 5px;"></div>	
<p>11. If collaborative or joint program, identify collaborating institution(s). Note: Each collaborating institution must submit a separate "Intent to Discontinue" form.</p> <div style="background-color: #f0f0f0; height: 80px; margin-top: 5px;"></div>	
<p>12. Name, title, e-mail address, and telephone number(s) of person(s) other than the institution's chief academic officer who may be contacted by or may be expected to contact Council staff regarding the discontinuance.</p> <div style="background-color: #f0f0f0; height: 100px; margin-top: 5px;"></div>	