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| C:\Users\teske\Desktop\OHSU-4C-POS.jpg | Suspension/ClosureRequest Form |

### Program Information

|  |  |  |  |
| --- | --- | --- | --- |
| Program Name: |  | Contact Name: |  |
| School/College: |  | Email/Phone: |  |

### Key Dates

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed Suspension of Admissions Date:** |  | **Proposed Suspension End Date (if applicable):** |  |
|  |  |  |  |
| **Proposed Closure Date:** |  |  |  |

### Details

|  |
| --- |
| Rationale for Request *(be sure to indicate if the request is to suspend or close the program)*: |
|  |
| Steps Taken to Inform Students and Faculty: |
|  |
| Description of Proposed Teach-Out Plan: |
|  |

### Request Authorization

By signing this form, you indicate your request to suspend or close the academic program. All requests must include the signature of the program director and applicable associate dean.

|  |  |
| --- | --- |
|  |  |
| Program Director Signature | Date |
|  |  |
| Associate Dean Signature | Date |