**Texas Higher Education Coordinating Board**

**Existing Degree Program**

**Phase Out Degree**

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| Directions: An institution shall use this form to notify the Board an existing degree program will no longer be offered.  Information: Contact the Division of Workforce, Academic Affairs and Research at 512/427-6200 for more information. |

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| **Administrative Information**   1. Institution: 2. Program Name: Show how the program appears on the Coordinating Board’s program inventory (*e.g., Bachelor of Business Administration degree with a major in Accounting*)   3. Program CIP code: |
| 4. Description of Degree Program Change: |
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| 1. Implementation Date: (When no new students will be admitted to degree) 2. Phase Out Date (date when all students will have graduated or left the program, if applicable): (MM/DD/YY) |
| 7. Contact Person: Provide contact information for the person who can answer specific questions about the program.  Name:  Title:    E-mail:  Phone: |

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| **Signature Page**  Institutional Approval:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chief Executive Officer or Chief Academic Officer Name Date  Title |