**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)
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| 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 |