

Program Closure Substantive Change Notification

Date: _____

Institution Name: _____

Name of Person Completing Form: _____

Email: _____

Are you the CACREP Liaison? Yes No

Name of degree program(s): _____

What is closing? (Check all that apply)

campus site Specialization Delivery method Department

Institution

Estimated date of closure: _____

Please provide a brief description of the closure: