

**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. <b>For Critical Shortage Area Only.</b> Check all that apply and explain.</p> <p><input type="checkbox"/> Lack of student demand                      <input type="checkbox"/> Lack of market demand</p> <p><input type="checkbox"/> State-wide public program duplication                      <input type="checkbox"/> Other (Please describe)</p> <p><b>Explanation:</b></p>    <p><b>List constituents impacted by action.</b></p>	
11. If collaborative or joint program, identify collaborating institution(s). <b>Note:</b> Each collaborating institution must submit a separate "Intent to Discontinue" form.	
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.	