

**BOUVÉ COLLEGE OF HEALTH SCIENCES
GRADUATE SCHOOL**

Suspension/Closure of Graduate Degree Programs Routing Form

Title of Program: _____
Department: _____
Date Prepared: _____
Preparer(s): _____
Name(s) Campus Address E-mail Phone ext.

1. School Dean (SON or SOP), or Department Chair (SHP)

Date Proposal Received: _____
Recommendation: _____
Signature of School Dean: _____ Date _____

2. College Dean

Date Proposal Received: _____
Recommendation / Vote: _____
Signature of College Dean: _____ Date _____

3. Graduate Council

Date Proposal Received: _____
Recommendation: _____
Signature of Chair: _____ Date _____

4. Faculty Senate

Action Taken, Date, and Vote: _____
(Dean and Unit Head notified)
Signature of Chair: _____ Date _____

5. President

Action Taken and Date: _____
(Provost and Board of Trustees notified. Provost notifies Senate, Registrar, Dean and Unit Head)
Signature of President: _____ Date _____

6. Board of Trustees (if necessary)

Action Taken and Date: _____
Signature of Secretary of Board: _____ Date _____

This form, after signature, should be sent to the next level of approval. At each level of review, signed copies of this form should be sent to the person(s) or area(s) to be notified and to the Vice Provost for Research and Graduate Education.