

**BOUVÉ COLLEGE OF HEALTH SCIENCES  
UNDERGRADUATE**

**Suspension/Closure of Undergraduate 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. Vice Provost for Undergraduate Education**

Date Proposal Received: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Signature of Vice Provost: \_\_\_\_\_ Date \_\_\_\_\_

**4. University Undergraduate Curriculum Committee (UCC)**

Date Proposal Received: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Signature of Chair: \_\_\_\_\_ Date \_\_\_\_\_

**5. Provost**

Action Taken and Date: \_\_\_\_\_

(Provost notifies Senate, Registrar, U.U.C.C., Dean and Unit Head)

Signature of Provost: \_\_\_\_\_ Date \_\_\_\_\_

**6. Faculty Senate**

Action Taken, Date, and Vote: \_\_\_\_\_

(U.U.C.C., Registrar, Dean and Unit Head notified)

Signature of Chair: \_\_\_\_\_ Date \_\_\_\_\_

**7. President**

Action Taken and Date: \_\_\_\_\_

(Provost and Board of Trustees notified. Provost notifies Senate, Registrar, U.U.C.C., Dean and Unit Head)

Signature of President: \_\_\_\_\_ Date \_\_\_\_\_

**8. Board of Trustees (if necessary)**

Action Taken and Date: \_\_\_\_\_

Signature of Secretary of Board: \_\_\_\_\_ Date \_\_\_\_\_

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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.

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May 2006