

Program or OCIS Closure Teach-out Plan

(SACSCOC Substantive Change Policy and Procedures, revised December 2024)

Proponent’s Name:

Today’s Date:

Program Name & Number:

College:

Dept:

Credential Type (Certificate, AB, BS, MA, MS, etc.):

Type of Closure (Suspend Program, Delivery Method, Location):

Date of faculty vote/decision to suspend the program, delivery method or location

1. Provide the closure date, defined by SACSCOC as the date when students are no longer admitted.
2. Provide a communication plan to inform all affected parties of the closure to include
	1. how each of the following will be informed for the closure:
3. Currently enrolled students,
4. Students with lapsed enrollment (i.e., not currently enrolled but recently enrolled)
5. Prospective students
	1. How faculty and staff will be informed, viz., admissions and recruiting / marketing staffs;
	2. How community or industry partners will be informed. If not applicable, provide an affirmative statement to that effect.
6. If the institution is providing options for students to complete at another institution(s), provide copies of all planned communication from the institution and from the teach-out institution(s) related to the closure. All communication must demonstrate the institutions are making accurate statements about students’ ability to transfer credits to the teach-out institution(s) and disclose tuition, fees, and other costs at the teach-out institution(s).
7. An explanation of how all affected students will be helped to complete their programs of study with minimal disruption or additional costs.
8. An explanation of whether the students subject to the teach-out plan will incur additional charges or other expenses because of the teach-out and, if so, how the students will be notified.
9. Copies of signed teach-out agreements with other institutions, if applicable.
10. A description of how faculty and staff will be redeployed or helped to find new employment.

Name of Proponent (By typing your name here, you affirm this plan)

Your name here

Note: Do not submit individually identifiable student information. Please return this form to the Department Chair and Associate Dean for review and then forward it to Beth Laves in the Provost’s Office.