 **OFFICE OF THE CHANCELLOR**

**Academic Affairs**

**Notification to Reactivate a Program in Moratorium**

\*All fields must be completed.

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| **HEADER INFORMATION** | | | | | |
| University: **Select university.** | | Proposed Implementation Date: **Click to enter date.** | | | |
| Type of Program Being Reactivated: **Select program.** | | | | | |
| **REACTIVATION PROGRAM DETAILS** | | | | | |
| Name: Click here to enter text. | | | | Award (major only): Click here. | |
| CIP: Click here. | Minimum Credits to Complete: Click here. | | | | |
| Department: Click here to enter text. | | | | | |
| Delivery Modes:  Face-to-Face  Online 100%  Blended/Hybrid  Interactive TV  Multi-modal/HyFlex | | | | | |
| **CONCENTRATIONS (if applicable)**  \*\* To add additional concentrations, click a text field below and then click the “+” sign on the right-hand side | | | | | |
| Name: Click here to enter text.  CIP: Click here to enter text.  Minimum Credits to Complete: Click here to enter text.  Department: Click here to enter text. | | | Delivery Methods: | | Face-to-Face  Online 100%  Blended/Hybrid  Interactive TV  Multi-modal/HyFlex |

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| **DESCRIPTION OF PROGRAM IN MORATORIUM** |
| Please provide a brief description of the program to include purpose and student learning outcomes for the program. |
| **Click here to enter text.** |
| **DESCRIPTION OF REACTIVATED PROGRAM** |
| Please provide a brief description of the program to include purpose and student learning outcomes for the program. |
| **Click here to enter text.** |

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| **PROGRAM REQUIREMENTS** |
| Please list the requirements of the program to include course numbers, titles, descriptions, pre- and co-requisites, and credits. If a minor, indicated which courses are advanced standing as it is not always inherent in course numbers. |
| **Click here to enter text.** |
| **RATIONALE FOR REACTIVATION** |
| Please list the motivating factors leading to the decision to reactivate this program. |
| **Click here to enter text.** |