 **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.** |