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*[insert program name/type]*

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| **SUMMARY of PROPOSED DISCONTINUATION** | |
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| ***A. Identification of the change*** | |
| Name, Location, Academic units (Faculties, departments, or schools) |  |
| Anticipated implementation date of change |  |
| Name, title, phone number and e-mail address of contact person |  |
| ***B. Provide a summary and rationale for the proposed discontinuation (maximum 1 page)*** | |
| **Clearly articulate the proposed discontinuation and provide a rationale for the discontinuation and its impact on students. How does the proposed discontinuation align with unit/Faculty/UVic institutional plans and priorities?** | |

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| --- |
| ***C. Does the proposed discontinuation have an impact on current policies (admissions, student evaluation, supervision, oral examinations)? If yes, provide details.*** |
|  |
| ***D. Indicate what impact the discontinuation will have on resources such as faculty, staff appointments, and space.*** |
|  |
| |  | | --- | | ***E. Provide evidence of consultation with related programs and UVic Departments/Faculties participating or affected by the program discontinuation (emails/letters of support in an appendix).*** | |  | |