|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
|  |
|

|  |  |  |
| --- | --- | --- |
| **Submitted by:** | **Name and title** | **Email** |
| Contact person |  |  |
| Dean or designate |  |  |

 |
| ***Please provide dates of all approvals***

|  |  |
| --- | --- |
| **Required approvals** | **Date** |
| Pre-consultation with AVPAP (by contact person and Dean/designate) |  |
| Departmental/School approval |  |
| Faculty Curriculum Committee approval |  |
| \*Faculty Council approval (or indicate equivalent Faculty voting body) |  |

 |
| ***Please complete all rows with date or N/A*** |

|  |  |  |
| --- | --- | --- |
| **Consultations** (as applicable; see notes below)***\*supporting documentation required for all consultations*** | **Date (or N/A)** | **Supporting Documentation****Attached (Y/N)** |
| Libraries – Jonathan Bengtson, University Librarianbengtson@uvic.ca  |  |  |
| Executive Director, Co-operative Education and Career Services – Andrea Giles, agiles@uvic.ca  |  |  |
| Office of the Registrar – please submit consult request to OREGSCPConsultation@uvic.ca  |  |  |
| Indigenous Academic and Community Engagement – Rob Hancock, Associate Director Academic, iaceadac@uvic.ca  |  |  |

 |
|

|  |
| --- |
|  |

 |

|  |
| --- |
| *[insert title of program discontinuation]* |

 |
|  |
|  |
|  |

*[insert program name/type]*

|  |
| --- |
| **SUMMARY of PROPOSED DISCONTINUATION** |
|  |
| ***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?** |

|  |
| --- |
| ***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).*** |
|  |

 |