**Program - Suspend/Delete/Reactivate**

**(Consent)**

Date:

College:

Department:

Contact Person: Name, email, phone

**1. Identification of course or program:**

* 1. Program reference number:
  2. Program title:

**2. Action:**  suspend  delete  reactivate

**3. Rationale:**

**4. Effect on programs or other departments:**

**5. Term of implementation:**

**5. Dates of committee approvals:**

|  |  |
| --- | --- |
| Department |  |
| College Curriculum Committee |  |
| Professional Education Council (if applicable) |  |
| Graduate Council Curriculum Committee |  |
| Graduate Council |  |
| University Senate |  |