

## SACSCOC Teach-out Form

<b>Proponent's Name</b>		<b>Today's Date</b>	
<b>Program Department, Name &amp; Number</b>			
Credential Type (Certificate or Major (e.g. AB, BS, MA, MS, EdS, etc.))			
Date of Closure		Term students no longer admitted	

<b>1. Explain how and when <u>each</u> of the affected parties (students, faculty, <u>and</u> staff) will be informed of the impending closure. Include dates and methods of communication.</b>
<b>2. Explain how <i>all</i> affected students will be helped to complete their programs of study with minimal disruption.</b>
<b>3. Indicate whether the teach-out plan will incur additional charges/expenses to the student and, if so, how the students will be notified. If no additional costs incurred, make sure to say that directly.</b>
<b>4. Explain how faculty <i>and</i> staff will be redeployed <u>or</u> helped to find new employment. (You must explain one or the other). If no faculty or staff will lose jobs, say that.</b>
<b>5. List teach-out agreements with other institutions and attach signed copies of agreements. If no other institutions involved, please say so.</b>

<b>Name of Proponent</b> By typing your name here, you affirm this plan. You may also print, sign and scan.	
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