

# NOTICE OF DISCONTINUED PROGRAMS

Accrediting Commission of Career Schools and Colleges (ACCSC)

The Programmatic Discontinuation Form is solely for the purpose of notifying the Commission regarding discontinued program(s) that have no active enrollments. If the school is discontinuing a program that currently has enrolled students and requires a teach-out plan, please complete the *Programmatic Teach-Out Plan Approval Form*.

Please do not submit this form if the school has previously submitted a *Programmatic Teach-Out Plan Approval Form* for the applicable program(s).

**Please Note:** This form is only for the purpose of the discontinuation of a program and should not be submitted for the purpose of an institutional closure (see the ACCSC website for more information regarding forms to be submitted for an institutional closure and teach-out).

This form must be submitted in an electronic format, prepared in accordance with ACCSC's [Instructions for Electronic Submission](#). The plan must contain all items, at a minimum, listed below:

SCHOOL #	SCHOOL NAME	TYPE		CITY	STATE	DEGREE GRANTING
		Main:	<input type="checkbox"/>			
		Branch:	<input type="checkbox"/>			

CONTACT PERSON	PHONE	EMAIL

**DISCONTINUED PROGRAM(S):**

PROGRAM TITLE (e.g. Business Administration)	INSTRUCTIONAL CLOCK HOURS	TOTAL CLOCK HOURS & OUTSIDE PREP HOURS	TOTAL CREDIT HOURS	TYPE OF CREDIT HOURS		FULL CREDENTIAL & ABBREVIATION (e.g. Associate of Science – AS)
				Semester:	<input type="checkbox"/>	
				Quarter:	<input type="checkbox"/>	

**Provide a brief description regarding the reasons why the school discontinued the program(s):**

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**List all other accrediting agencies this program is currently accredited by (i.e., programmatic accreditation) and confirm that the other accrediting agencies have been notified by the school regarding the discontinuation of the program:**

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Upon receipt of this completed form the Commission will update the school's record in accordance with the dates provided above. The Commission expects that the school will continue to maintain compliance with ACCSC Standards of Accreditation.

I certify that the information herein and attached hereto is correct.

NAME	SIGNATURE	TITLE	DATE

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The Commission approves the discontinuation of the program(s) as listed above. The school's record will be updated in accordance with the information provided in this form. The applicable programmatic accrediting agencies and Department of Education will be copied on this approved notice of discontinued program(s) form.

<b><u>For Office Staff Use Only</u></b>
Approved by / Date Approved