

Program Suspension, Cancellation and Reactivation Report

Academic School:

- | | |
|---|---|
| <input type="checkbox"/> McKeil School of Business,
School of Creative Industries and
General Studies | <input type="checkbox"/> Centre for Community
Partnership and Experiential
Learning |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> School of Health |
| <input type="checkbox"/> School of Engineering Technology
and Aviation | <input type="checkbox"/> School of Interdisciplinary
Programs & Community Studies |
| <input type="checkbox"/> Marshall School of Skilled Trades
& Apprenticeship | <input type="checkbox"/> School of Climate Action |
| | <input type="checkbox"/> Indigenous Education |
-

Program Name:

Mohawk Program Number:

Credential Type:

- | | |
|---|---|
| <input type="checkbox"/> Mohawk College Certificate (MCC) | <input type="checkbox"/> Ontario College Graduate
Certificate (OCGC) |
| <input type="checkbox"/> Ontario College Certificate (OCC) | <input type="checkbox"/> 3 Year Degree |
| <input type="checkbox"/> Ontario College Diploma (OCD) | <input type="checkbox"/> 4 Year Honours Degree |
| <input type="checkbox"/> Ontario College Advanced Diploma
(OCAD) | |

- Recommended Action:**
- Intake Suspension
 One-time For all future intakes
- Program Suspension
- Program Cancellation
- Program Reactivation (of a previously
suspended program)

Effective Term: Fall Winter Spring/Summer

Effective Year:

Rationale:

Summarize the data that supports the recommendation for a program intake suspension, suspension, cancellation and/or reactivation. Include empirical data (qualitative and/or quantitative) such as student demand, multi-year enrolment data, retention and graduation rates, financial costing/contribution margin, program relevance, etc. Please attach any additional information that may support the decision including a program summary from the Academic Program Scorecard tool.

Internal and/or External Stakeholder Feedback:

Summarize feedback from internal stakeholders (e.g., Registrar Office, Experiential Learning, CTLI, faculty) and/or external stakeholders (e.g., industry experts, partners, Program Advisory Committee) consulted.

Operational and/or Reputational Considerations:**Short Summary of Communications Plan:****Proposed Teach-out Plan:**

Submitted by Associate Dean

Signature

Name

Date

Reviewed and Approved

Dean of Academic School

Signature

Name

Date

Dean, Continuing Education and Academic Development

Signature

Name

Date

Final Approval

Vice President, Academic

- Approved
- Not Approved
- Need More Information for Decision (elaborate below)

Signature

Name

Date

Committee Dates of Review/Approval

- Enrolment Planning SEM Sub-Committee (Intake Suspensions only)**

Date:

- Program Development and Renewal Committee SEM Sub-Committee (Program Suspensions, Cancellations)**

Date:

- SEM Steering (Program Suspensions, Cancellations)**

Date:

- Board of Governors (Program Suspensions, Cancellations)**

Date: