

CERTIFICATE TERMINATION FORM

REQUESTOR: _____
(please print name and role)

COLLEGE: _____

CERTIFICATE NAME: _____

LEVEL: _____ CIP CODE: _____
UNDERGRADUATE (See: <https://www.ir.fsu.edu/resources.aspx>)
GRADUATE

TERMINATION TERM (specify start of a semester): _____

NUMBER OF STUDENTS CURRENTLY ENROLLED: _____
(Note that if any students are enrolled, you must develop a teach-out plan in coordination with FSU SACSCOC Liaison Office.)

RATIONALE FOR REQUESTING TERMINATION:

WILL TERMINATION AFFECT ANY FACULTY ASSIGNMENTS? Yes No

APPROVALS:

Department Chair/Program Director Date

Academic Dean Date

Dean of The Graduate School (where applicable) Date

Dean of Undergraduate Studies (where applicable) Date

Vice President for Faculty Development and Advancement Date

SACSCOC Liaison Date