**York University**

**Notice of Intention to Closure of Program/Diploma/Certificate**

Submission of a notice of intention to close a program must be submitted before developing a proposal and submitting through the approval processes.

***This form is to be completed and sent electronically to*** [***YUQAP@yorku.ca***](mailto:YUQAP@yorku.ca) ***prior to the development of proposal to close a program. Authorization to develop a proposal for closure of a program will be given by the Vice-Provost Academic within six weeks of submission of this form.***

**Faculty Name:**

**Department Name:**

**Program Name:**

**Program Location (e.g. Keele, Glendon, Markham etc.):**

Please refer to the YUQAP site for information on *major modifications and closure*. The program closure template is posted on the program closure site.

<https://yuqap.info.yorku.ca/home/procedures/protocols/major-modifications-to-existing-programs/>

<https://yuqap.info.yorku.ca/program-closure/>

1. **Intended closure date**: (example: Fall 2022, Summer 2023)
2. **Short Description of the reasons for closure of the program.**  The short description should include some information on enrolment trends and deciding factors for closure of the program/certificate. (maximum 250 words).
3. **Consultation:** Provide details regarding consultations with other programs and or Faculties at York University or outside of York University. The purpose of the consultation is to ensure awareness of the closure of the program and implications for other programs and for students. Please describe the consultation process to date, including names and roles of those consulted and a summary of the feedback provided. (maximum 250 words)

Name and title of the proposal proponent:

E-mail:

Telephone: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

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**Signatures required:**

Program Proponent                                                                            Date

Dean/Principal of the Faculty    Date

(or Faculties if relevant)