

EXTENSION

PROGRAM SUSPENSION REQUEST
District and/or System Office Staff Request (TC-SUS-1A)

Wisconsin Technical
College System

Program Number: _____

Program Title: _____

District: _____

Date program was initially approved by State Board: _____

Number of students currently enrolled who will need to finish the program: _____

Major reasons and rationale for requesting program suspension: _____

Projected date for effecting suspension: _____

Documentation attached (i.e., advisory committee minutes, etc.)

District Initiated

State Initiated

District Director/President

Education Director, WTCS

Date: _____

Associate Vice President, WTCS

Vice President, WTCS

Date: _____

Send to: Associate Vice President, Office of Instruction