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**REQUEST TO THE SENATE**

**Program Closure**

 **Faculty** \*\*\*\*\*

 **Academic unit** \*\*\*\*\*

 **Request number \*\*\*\*\***

**Program(s)**

**\*\*\*\*\***

#  Approvals (chronological order)

Academic unit: Date

Verification with the Curriculum Management team: Date

Faculty Council: Date

Council on Undergraduate Studies or Council on Graduate Studies: Date

Senate Executive Committee: Date

Senate: Date

**Effective date**

**May 20XX**

# Summary

*Please describe briefly (50 words maximum) the proposed program closure*

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# Program Closure Template

# Explain the reason for the proposed program closure (*request from the academic unit, faculty or program; recommendation in the cyclical program review report or made by one of the program evaluation committees; as part of a program renewal initiative; low enrollment in the program; or no new admissions for three consecutive years*)*.*

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# 2. Discuss the impact of the closure on other undergraduate and graduate programs within the academic unit, faculty or in other faculties. If the abolition will affect several academic units, attach in Appendix 2 any documents showing that all the stakeholders affected have been consulted.

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# 3. Explain the impact of the closure on and accommodation of any students currently enrolled in the program.

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**APPENDICES**

**APPENDIX 1**: uoCampus document, if applicable (course abolition). Please refer to the [Guide for Preparing Senate Requests](https://dnn.intra.uottawa.ca/en/Academic/Curriculum-Management/Senate-Request).

**APPENDIX 2**: If the closure affects several academic units, attach any documents showing that all affected stakeholders have been consulted. Please refer to the [Guide for Preparing Senate Requests](https://dnn.intra.uottawa.ca/en/Academic/Curriculum-Management/Senate-Request).