**Application**

**TEMPORARY CESSATION OF A PROGRAM OF STUDY**

Under The Advanced Education Administration Act

Universities and colleges requesting approval for the **temporary cessation** of a program of study from Education and Training must apply using this application form. This form reflects the requirements set out in the Programs of Study Regulation (MR 134/2015) under The Advanced Education Administration Act.

**SECTION A – PROPOSAL DETAILS**

Institution**:**

Applicable faculties/department with responsibility for the program:

If program is a joint program, list all participating institutions and the roles of each in delivering the program to be temporarily ceased:

Program name:

Credential awarded:

Proposed start date for temporary cessation: Click here to enter a date.

*Office Use Only*

One-time funding: \_\_\_\_\_\_\_\_\_\_\_

On-going funding: \_\_\_\_\_\_\_\_\_\_\_

**SECTION B – PROGRAM DESCRIPTION AND DELIVERY**

**B-1 Provide a general description of the program and its objectives*:*** *(Include intended purpose, curriculum design, and highlight distinctive attributes)*

**B-2 Length of Program:** *(Define the length of the proposed program using measures appropriate to the schedule and delivery format. This will include total course credits and weeks/months, and, where relevant, hours and semesters of instruction)*

**B-3 Describe the mode of delivery for this program:**

**SECTION C – INFORMATION REGARDING TEMPORARY CESSATION DEVELOPMENT PHASE**

**C-1 Identify and provide a detailed description of the rationale for the temporary cessation of this program of study:** *(Such as changes in applications, enrolment, employer demand.)*

**C-2 Describe the expected outcome of the temporary cessation of this program and the timeframe of the temporary cessation process:**

**C-3 Outline the internal approval process (i.e. committees, governing bodies)** **for approving the temporary cessation of this program of study within your institution and indicate any dates of decision.** *(Governing Council, Board of Governors, Board of Regents, Senate, other)*

Decision-Making body:

Decision:

Date: Click here to enter a date.

Decision-Making body:

Decision:

Date: Click here to enter a date.

Decision-Making body:

Decision:

Date: Click here to enter a date.

**C-4 Responsibility to consult**

C-3.1 What agencies, groups, or institutions have been consulted regarding the temporary cessation of this program?

C-3.3 How have students and faculty been informed of the intent to temporarily cease this program?

**C-5 Describe the impact that the temporary cessation of this program may have on the labour market in Manitoba:**

**SECTION D – SYSTEM IMPACTS**

**D-1 Describe how the temporary cessation of this program will affect any specific laddering, articulation and/or credit transfer options for students in Manitoba and Canada:**

**D-2 Describe how the temporary cessation of this program may affect the academic, cultural, social and economic needs and interests of students and the province:**

**SECTION E– STUDENT IMPACTS**

**E-1 Provide a program completion plan for students currently enrolled in the program that is being temporarily ceased:**

Year 1

Year 2

Year 3

Year 4

**E-2 Will previous graduates of this temporarily ceased program be negatively affected by the temporary cessation of this program?**

**E-3 What was the maximum seat capacity of the program that is being temporarily ceased?**

**E-4 What was the enrolment and graduation rate for this program over the past 5 years?**

**SECTION F – FINANCIAL REALLOCATION**

**F-1 What portion of ongoing funding is allocated to this program?**

**F-2 Please provide a detailed description of how these funds will be reallocated during the temporary cessation of this program:**

**SECTION G – FINANCIAL REALLOCATION**

*(A second signature section is provided for joint programs only)*

**SUBMITTED BY:**

|  |  |
| --- | --- |
| ***President****:*  *Name:*  *Signature:*  *Date:* Click here to enter a date. | ***Vice-President/Academic****:*  *Name:*  *Signature:*  *Date:* Click here to enter a date. |

*For use by joint programs only:*

|  |  |
| --- | --- |
| ***President****:*  *Name:*  *Signature:*  *Date:* Click here to enter a date. | ***Vice-President/Academic****:*  *Name:*  *Signature:*  *Date:* Click here to enter a date. |

**SUBMIT COMPLETED FORM**

Once completed and signed, please submit this application form to Post-Secondary Education and Labour Market Outcomes at [PSE-LMO@gov.mb.ca](mailto:PSE-LMO@gov.mb.ca) with the following attachments (double-click to engage check box):

Cover letter

Any supporting documentation *(reviews, letters of support, etc.)*

**If you have any questions or require further information, please contact:**

Post-Secondary Education and Labour Market Outcomes

Manitoba Education and Training

400-800 Portage Avenue Winnipeg MB R3C 0C4

(204) 945-1833

PSE-LMO@gov.mb.ca