

**SAMFORD UNIVERSITY**  
**University Curriculum Committee**  
**Program Deletion Form**

Date Submitted:

School: Select One

Department/Division:

***Program(s) to be Deleted:***

1. Program Title:

The program **will not** be available beginning: Select One      Year: Select One

2. Program Title:

The program **will not** be available beginning: Select One      Year: Select One

3. Program Title:

The program **will not** be available beginning: Select One      Year: Select One

4. Program Title:

The program **will not** be available beginning: Select One      Year: Select One

Rationale for Removal:

Submitted by: \_\_\_\_\_  
Faculty Member      Date

Approved by: \_\_\_\_\_  
Chair, Department/Division      Date

Approved by: \_\_\_\_\_  
Chair, School Curriculum Committee      Date

Approved by: \_\_\_\_\_  
Dean      Date

Approved by: \_\_\_\_\_  
University Curriculum Committee      Date

Approved by: \_\_\_\_\_  
Provost      Date