



## State of Connecticut Office of Higher Education

### Phase-Out or Program Termination Form

This form is to be used for updating institutional program information for the Office of Higher Education's Program Inventory. Please submit a completed form to Sean Seepersad, Ph.D. ([sean.seepersad@ct.gov](mailto:sean.seepersad@ct.gov)) for each program being terminated or phased-out. If you have any questions, please call (860) 947-1837.

**Institution Name** \_\_\_\_\_

**Program Name** \_\_\_\_\_

**OHE #** \_\_\_\_\_ **Date of Action (mm/dd/yyyy)** \_\_\_\_\_

**Action:**  Phase out  Start Date of Phase-Out \_\_\_\_\_ End Date of Phase-Out \_\_\_\_\_

Termination  Official Date of Program Termination \_\_\_\_\_

**Reason for termination or phase out:**

**If this is a Phase-Out: What is your teach-out plan for this program? (Attach description if more space is required):**

**If this is a Termination: Please confirm there are no enrolled students currently in the program:**

Yes  No

\_\_\_\_\_  
**Name & Title of Chief Academic Officer**

\_\_\_\_\_  
**Signature of Chief Academic Officer**  
(electronic signature acceptable)

\_\_\_\_\_  
**Date (mm/dd/yyyy)**

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Ned Lamont, Governor · Timothy D. Larson, Executive Director  
450 Columbus Boulevard · Suite 707 · Hartford, CT 06103-1841

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