



REQUEST FOR PROGRAM REACTIVATION

Member institutions of the Chancellor's Council on Graduate Study (CCGS) may submit this form to request reactivation of admissions to a graduate program, if that program has been suspended for no more than five years.*

Date of suspension:

NOTE: If a graduate degree program is not reactivated within the specified period after suspension of admissions, reinstatement will require formal approval as a new graduate degree program. Reinstatement of a discontinued program will also require formal approval as a new graduate degree program.

NOTE: Institutions that intend to reactivate programs that lead to educator preparation licenses or endorsements should not complete this form. Please contact Matt Exline (mexline@highered.ohio.gov) for direction on reactivating dormant educator preparation programs.

Date of submission of this request:

Name of institution:

Primary institutional contact for this request:

Name	
Title	
Phone number	
E-mail	

Name of Program:

Proposed implementation date: *(must be >60 days after submission date)*

**seven (7) years if program was suspended before October 21, 2015.*

Please answer the following questions:

1. Provide a rationale for reactivating the program.
2. Indicate the projected number of students that will be enrolled in the program each year during the first three years of program reactivation.
3. Describe any curricular changes between the suspended and reactivated program. Please note that the institution may be required to submit the Curriculum Modification Change Request form if fifty percent or more of the program requirements have changed.
4. Describe intended delivery options (e.g., online/hybrid, accelerated, offsite locations) for the program, and note any that were not offered at the time program was suspended. Please note that the institution may be required to submit additional Change Request forms to complete the review.
5. Describe whether current faculty resources are sufficient to support the program. Describe any other additional resources needed to reactivate the program
6. Does the program lead to professional certification or licensure? If yes, please list the name of the credential to be earned upon completion of the program. Indicate whether the appropriate accrediting/state licensing agencies have been notified to reactivate the program.

The signature below verifies that this request has received the necessary institutional approval and that this information is truthful and accurate.

Respectfully,

Signature of the institution's Provost or Graduate School Dean

Name (printed)

Title

Submit this form and supporting materials to the CCGS google drive and to Matt Exline (mexline@highered.ohio.gov). Documents may be submitted as Microsoft Office documents (e.g. Word or Excel) or as PDF documents.