**Department/Program/School of.......................**

Name of the Program and Degree Award:

HEGIS # and NY State Program Code # (as listed in State's Inventory of Registered

Programs at <http://www.nysed.gov/heds/irpsl1.html>):

MHC Code (Be sure to include the Macaulay Honors College HEGIS Code when applicable.):

Effective Term:

1. HISTORY AND REASONS FOR DEREGISTERING THE PROGRAM
2. Requirements:

|  |
| --- |
| List of Courses (Prefixes, Numbers, Names) Crs.  |
| Major:Sub-total: Electives:Total credits required:  |

1. Consultation Statement:
2. Is the proposed change likely to affect other Departments or Programs?

[ ] NO [ ] YES – If yes, list department/program:

Specify the nature of the consultation:

1. Does this affect the Library? [ ] NO [ ] YES

Have you consulted the subject liaison? [ ] NO [ ] YES

For new courses or programs, please consult.

1.