<DATE>

MEMORANDUM

TO: David Lassner

 President

VIA: Michael Bruno

 Provost

VIA: Laura E. Lyons

 Associate Vice Chancellor for Academic Affairs

VIA: Krystyna Aune (for Graduate Programs)

 Dean, Graduate Division

FROM: Dean <NAME>

 College/School of <NAME>

SUBJECT: TERMINATION OF [CERTIFICATE/PROGRAM]

SPECIFIC ACTION REQUESTED:

We would like to request termination of [CERTIFICATE/DEGREE TITLE] for [TERM/DATE].

RECOMMENDED EFFECTIVE DATE:

ADDITIONAL COST:

PURPOSE:

BACKGROUND:

ACTION RECOMMENDED:

We would like to recommended termination of [CERTIFICATE/DEGREE TITLE] for [TERM/DATE].

APPROVED/DISAPPROVED:

David Lassner Date

President