Request for a Discontinuation
Michigan State University
Office of the Provost

Date: __________________________

1. Name of Program: __________________________
   Curriculum and Major Code(s): __________________________

2. Degree Type __________________________

3. Effective Semester: __________________________

4. Will the proposed change(s) have a negative impact on students? If so, which ones?:
   __________________________________________________________________________

5. Describe the impact and explain what accommodations will be made:
   __________________________________________________________________________

6. Reason(s) for change(s):
   __________________________________________________________________________