Request for a Moratorium
Michigan State University
Office of the Provost

Date: ____________________________

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

2. Degree Type: ________________________________________

3. Effective Start Semester: ______________________________

4. Effective End Semester: _______________________________
   Which current and prospective students will be affected: ____________________________

5. Reason(s) for the request: ______________________________
   ____________________________________________________
   ____________________________________________________