REQUEST FOR A MORATORIUM IN AN ACADEMIC PROGRAM

Michigan State University

See instructions on reverse side.

Date_______________________

This form is for all requests for moratoriums in academic programs. Information submitted on this form becomes a permanent part of the institutional record of this program.

Only the original copy of this form plus any attachments should be sent to the Office of the Provost, Curriculum and Catalog, 176 Administration Building; copies will be distributed, as appropriate, to the Provost, the University Committee on Academic Policy, University Graduate Council, and the University Committee on Curriculum.

1. Department/School/College

2. PRESENT STATUS (type exactly as indicated in the current catalog):
   Name of Program: ___________________________________________ Curriculum and Major Codes: _____________
   Name of Degree: ____________________________________________________________________________________________________
   Type of Program (check those that apply):
   a.____ Major
   b.____ Specialization
   c.____ Certificate
   d.____ Online ___Off-Campus ___On-Campus
   e.____ Teacher Certification: ___Elementary ___Secondary / ___Major ___Minor / ___Single Subject ___Group Subject
   f.____ Other (Specify) ____________________________________________
   Cooperating Department(s)/School(s)/College(s): __________________________________________________________________________
   __________________________________________________________________________________________________________________________

3. Reason for Moratorium Request:    ______________________________________________________________________________________
   _______________________________________________________________________________________________________________________
   _______________________________________________________________________________________________________________________  

4. Effective Start Semester:      ___Fall      ___Spring      ___Summer,      Year _________.
   Effective End Semester:       ___Fall      ___Spring      ___Summer,      Year _________.
   A moratorium is removed and the programs becomes available again the semester following the effective End Semester. Programs that will be phased out and discontinued will need to be processed through University-level academic governance by submitting a Request for Changes in an Academic Program form to University Curriculum and Catalog, 176 Administration Building.

5. Students who will be affected by the proposed change(s): ____________________________________________________________________
   _______________________________________________________________________________________________________________________

6. Suggested alternative major and major code for new admits: __________________________________________________________________

7. Attach the information requested in Instruction 7 on the reverse side.

8. Recommended:
   ____________________________  ____________________________  ____________________________  ____________________________  
   Chairperson, Initiating Department or School
   Chairperson, College Curriculum Committee
   Dean, College

9. Reviewed by Others Affected (see Instruction 9):
   ____________________________  ____________________________  
   Name
   Position

10. Date Reviewed:
   University Committee on Academic Policy __________________________
   University Graduate Council __________________________
   University Committee on Academic Policy (if applicable)
   University Graduate Council (if applicable)
   Registrar’s Office
   Admissions Office

11. Approved:

       ________________________________________________________________________________
       Provost

March, 2003