Section 5

Curriculum Program Termination and Level III Instructional Service Agreement (ISA) Termination Procedures
Section 5
Curriculum Program Terminations, Extensions and
Level III Instructional Service Agreement Termination Procedures

Termination of Curriculum Programs
The college shall terminate a curriculum program when there has been no enrollment for two
years; a college may request an one-year extension of a curriculum program upon justification of
the potential for employment opportunities and student enrollment. Each college planning to
terminate a curriculum program shall inform the System President by submitting a termination
notice. The System President shall have the program removed from the college’s program approval
list. Program terminations shall be reported to the State Board two times a year.
1D SBCCC 400.95(b)

It is incumbent upon the college terminating the program to:

1) Complete the attached Curriculum Program Termination Form (see Attachment A)
   and have it signed by the President and the Chairman of the Board of Trustees.

2) Describe the factors which contributed to the no or low enrollment.
   The System Office must present these factors to the State Board of Community
   Colleges and on the annual report to the General Assembly, therefore, forms that do
   not include this information will be returned to the college.

3) Notify the Equipment Coordinator at the college if equipment is to be transferred to
   another department within the college or to another institution.

4) Be aware that if a college decides to reinstate a terminated program, a full program
   application will need to be submitted to the System Office for State Board action.

It is incumbent upon the college requesting a one-year extension of the program to:

1) Complete the attached One Year Extension Request Form (see Attachment B) and
   have it signed by the College President.

2) Include information related to potential employment opportunities and student
   enrollment.

Please fax, mail or scan/email the completed and signed termination or extension form to:

Jennifer Frazelle, Director Academic Programs
NC Community College System Office
5016 Mail Service Center
Raleigh, NC  27699-5016
frazellej@nccommunitycolleges.edu
Fax #: (919) 807-7173
Termination of Level III Instructional Service Agreements

Notification of termination of a level three agreement shall be sent to the System Office President by the college which grants the award, prior to the effective date. (1D SBCCC 400.96(c)(3))

It is incumbent upon the host and participating college(s) terminating the program to:

1) Adhere to the conditions and time frame for termination according to the terms of the agreement.

2) Complete the attached Collaborative and/or Level III Instructional Service Agreement Termination Form (see attachment C) and have it signed by the President at the host and participating college(s).

3) Fax, mail or scan/email the completed and signed termination form to:

   Jennifer Frazelle, Director Academic Programs
   NC Community College System Office
   5016 Mail Service Center
   Raleigh, NC  27699-5016
   frazellej@nccommunitycolleges.edu
   Fax #: (919) 807-7173
Curriculum Program Termination Form

Please be aware that if a college decides to reinstate a terminated program, a full program application must be submitted to the System Office for State Board approval.

College Name: ____________________________________________________________

Curriculum Title: ___________________________ Curriculum Code: __________

Contact Person: ___________________________ Phone Number: (____) ____-____

Email Address: __________________________________________________________

Termination Semester:   □ Fall   □ Spring   □ Summer   20____

Termination is for (check appropriate settings):   ___ Campus   ___ Captive/Co-opted Facility

If termination is for captive/co-opted setting, please list facility name: __________

Date that captive/co-opted facility was notified of termination of program: _______

Reason(s) for Terminating Curriculum:   ___ Low Enrollment*   ___ No Enrollment*   ___ Other* College must include factors below in addition to reason checked.

*Describe what factors contributed to low/no enrollment:

(Required in order to proceed with termination):

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Is the curriculum program part of a collaborative/Level III ISA plan?   ___ Yes   ___ No

If so, have participating colleges been notified of termination?   ___ Yes   ___ No

Please see section 6 of the CPRM for information concerning termination of ISAs.

Will the program or any courses in the program be moved to Continuing Education?

___ Yes   ___ No

Is equipment available for transfer?   ___ Yes   ___ No

(Please note that if equipment is to be transferred to another department within the college or to another institution, the Equipment Coordinator at your college will need to be notified.)

This is a formal notice to terminate the curriculum program as identified above.

______________________________________________  ____________________
Signature, President                                     Date

______________________________________________  ____________________
Signature, Board of Trustees Chair                      Date

Please fax, mail or scan/email this form to:

Jennifer Frazelle, Director Academic Programs
frazellej@nccommunitycolleges.edu
NC Community College System Office
5016 Mail Service Center
Raleigh, NC  27699-5016

Fax #: (919) 807-7173
One-Year Program Extension Request Form
Curriculum Program with No Enrollment for Two Years

1D SBCCC 400.95(b) states the following: The College shall terminate a curriculum program when there has been no enrollment for two years; a college may request a one-year extension of a curriculum program upon justification of the potential for employment opportunities and student enrollment.

Our college acknowledges that the following program has not had enrollment for over two years:

Curriculum Title: _____________________________________________________________

Curriculum Code: _____________________________________________________________

We would like to request a one-year extension for the following reasons (please include information related to potential employment opportunities and student enrollment):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

College Name: ________________________________________________________________

Contact Person: ________________________________________________________________

Phone Number: (___) _____-____ Email Address: ________________________________

__________________________________________ Date

Signature, President

Please fax, mail or scan/email this form to: Jennifer Frazelle, Director Academic Programs
NC Community College System Office
5016 Mail Service Center
Raleigh, NC 27699-5016
frazellej@nccommunitycolleges.edu
Fax Number: (919) 807-7173
Level III Instructional Service Agreement
Termination Form

Program Title: ________________________________________________________________

Program Code: _____________________ Requested Termination Date: ______________

Contact Person: _____________________ College:_________________________________

   Phone Number: (___) _____ -_____ Email Address: ________________________________

Reason for Termination:__________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

_____________________________________
Host College                      Signature, College President             Date

_____________________________________
Participating College              Signature, College President             Date

_____________________________________
Participating College              Signature, College President             Date

_____________________________________
Participating College              Signature, College President             Date

The president of the host college and the president of each participating college should sign and date the termination form. Signing this document certifies concurrence in the decision to terminate the agreement and compliance of any termination terms specific to the agreement.

Once the termination form has been received and reviewed, System Office staff will update internal records and will send the host and participating college(s) a letter of acknowledgement.

Please fax, mail or scan/email this form to: Jennifer Frazelle, Director Academic Programs
NC Community College System Office
5016 Mail Service Center
Raleigh, NC 27699-5016
frazellej@nccommunitycolleges.edu
Fax Number: (919) 807-7173