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 consecutive years or if the college has not offered the program or has not had enrollment in the program within two years of the date the program was approved by the State Board of Community Colleges. A college may request a 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 President of the North Carolina Community College System by submitting a termination notice. The President of the North Carolina Community College System shall have the program removed from the college’s program approval list. Program terminations shall be reported to the State Board of Community Colleges a minimum of twice a year. 1D SBCCC 400.6 (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:

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

Notification of termination of a level three agreement shall be signed by the president of each participating college and shall be sent to the System Office President by the college that grants the award, prior to the effective termination date. (1D SBCCC 400.7 (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:

Dr. Lisa Eads, Director of Academic Programs
NC Community College System Office
5016 Mail Service Center
Raleigh, NC 27699-5016
eadsl@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:
edasl@nccommunitycolleges.edu
Fax #: (919) 807-7173

Dr. Lisa Eads, Director of Academic Programs
NC Community College System Office
5016 Mail Service Center
Raleigh, NC 27699-5016
One-Year Program Extension Request Form
Curriculum Program with No Enrollment for Two Years

1D SBCCC 400.6 states the following: **The college shall terminate a curriculum program when there has been no enrollment for two consecutive years or if the college has not offered the program or has not had enrollment in the program within two years of the date the program was approved by the State Board of Community Colleges. 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:** ________________________________

_________________________________________________________________________________

**Signature, President**  **Date**

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

Dr. Lisa Eads, Director of Academic Programs
NC Community College System Office
5016 Mail Service Center
Raleigh, NC  27699-5016
eadsl@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: Dr. Lisa Eads, Director of Academic Programs
NC Community College System Office
5016 Mail Service Center
Raleigh, NC 27699-5016
eadsl@nccommunitycolleges.edu
Fax Number: (919) 807-7173

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