 REPORT OF CLOSED PROGRAM

Please complete the following form to report program closures and email to [educatorprograms@michigan.gov](mailto:educatorprograms@michigan.gov).

Institution Name: Click here to enter text.

Endorsement Area and Code: Click here to enter text.

Date of report: Click here to enter text.

Date of most recent review and approval: Click here to enter text.

Date after which candidates no longer will be admitted to program: Click here to enter text.

Date after which candidates will no longer be recommended for a certificate (to find this date, add five years to the date of the last anticipated program completion): Click here to enter text.

Program Level: Program Offering:

|  |  |
| --- | --- |
| Elementary  Secondary  K-12 | Major  Group Major  Minor  Group Minor  Additional Endorsement |

|  |
| --- |
| **Rationale for program closure:**  Click here to enter text. |
| **Communication plan for informing candidates:**  Click here to enter text. |

Institutions must attach a completed Closed Program Roster.

Dean/Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For Office of Professional Preparation Services Use:*

Form reviewed by: Click here to enter text. Date: Click here to enter text.

OPPS Remarks: Choose an item.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_