

Request for a Discontinuation
Michigan State University
Office of the Provost

Date: _____

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

2. Degree Type _____

3. Effective Semester: _____

4. Will the proposed change(s) have a negative impact on students? If so, which ones?:

5. Describe the impact and explain what accommodations will be made:

6. Reason(s) for change(s):
