**Teach-Out Plan**

**Program:**

**Division:**

1. Name & Title of the person completing the teach-out plan:
2. Date of program closure:
3. An explanation of how affected parties (students, faculty, staff) will be informed of the impending closure.
4. An explanation of how all affected students will be helped to complete their programs of study with minimal disruption.
5. An indication as to whether the termination of the program will incur additional charges/expenses to the students and, if so, how the students will be notified.
6. How faculty and staff will be redeployed or helped to find new employment, if applicable?
7. How many students are currently enrolled at the site?

**Total Number of students:
Gallatin (Main campus):**

**Cookeville:**

**Livingston:**

**Highland Crest/Springfield:**

1. Projected graduation date for the last student(s) in each program offered at the site
2. Teach-Out Letter to Students Must Include the Following: (Attach a copy of the letter)
* Program name
* Reason for program closure
* Last term students will be awarded the degree
* Option(s) available for students to complete the degree
* Contact information if students have questions