Appendix G.

Educator Preparation Provider (EPP) or Subject Area Program Closure Plan

EPP or Subject Area Program Close-out Form: {Insert EPP Name}

Within **30** calendar days of receipt of this document, please provide the following information regarding the closure of the [insert EPP] educator preparation provider and its programs below:

- {Insert subject area program 1}
- {Insert subject area program 2}
- {Insert subject area program 3}
- {Insert subject area program 4}

The Office of the State Superintendent of Education (OSSE) will follow-up with any questions or requests for additional information within **15 calendar days of receipt** of this information.

By signing this document (on page 2), representatives of {Insert EPP} and OSSE indicate that they agree to the action items and dates above.

Date of Closure	
Reason for Closure	
Contact person for EPP closure	
information, including email and	
phone number.	
Student information	
a. Date last cohort admitted	
b. Total number of students	
currently enrolled	
c. List of students currently	
enrolled and information	
(name, email address,	
phone number, current	
program status, and	
anticipated completion	
date).	
Provide the EPP's plan and	
timeline of notifying students of	
closure.	
Provide the EPP's plan and	
timeline of notifying local	
education agency (LEA) and other	
partners (e.g., Institutions of	
Higher Education [IHEs]). If students will be transferred to a	
partner institution for program completion, provide transfer plan	
and contact person (including	
email and phone number) at	
transfer institution.	
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State EPP and Program Approval Handbook

Position at OSSE	
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