Date

Dr. Belle S. Wheelan, President  
Southern Association of Colleges and Schools  
Commission on Colleges  
1866 Southern Lane  
Decatur, Georgia 30033

**Re:** Letter of Notification

**Name of Institution:** College of Charleston

**Name of the Change Proposed:**

**Credential(s) involved:**

**Implementation Date:**

**Additional Comments:** The College of Charleston seeks to terminate the program. Please find the enclosed teach-out plan for the stated program.

If you have any questions or require any additional information, please feel free to contact me by phone at (843) 953-9443, or email me at [bhatid@cofc.edu](mailto:bhatid@cofc.edu).

Divya Bhati, Ph.D.  
Associate Vice President for  
Institutional Effectiveness and Strategic Planning  
Assistant Professor, Higher Education Administration  
SACSCOC Liaison

Teach-out Plan for Program

1. Date of closure (date when new students will no longer be admitted)
2. An explanation of how affected parties (students, faculty, staff) will be informed of the impending closure
3. An explanation of how all affected students will be helped to complete their programs of study with minimal disruption
4. An indication as to whether the teach-out plan will incur additional charges/expenses to the students and, if so how the students will be notified
5. Copies of signed teach-out agreements with other institutions, if any
6. How faculty and staff will be redeployed or helped to find new employment
7. If closing an institution, arrangement for the storing of student records, disposition of final financial resources and other assets