



MADISON COLLEGE

Discontinuation of Certificate Request Form

INSTRUCTIONS - Please send completed form along with supporting documentation in-person or by mail to the **Enrollment Center - Room 159, Madison College, 1701 Wright Street, Madison, WI 53704**; or submit by fax to **(608) 243-4353**.

CERTIFICATE INFORMATION

Certificate Name _____ Applicable Term _____

ACTION REQUESTED

Temporarily Suspend (Estimated Reinstatement Date): _____

Permanently Discontinue

CURRENT CERTIFICATE STATUS

Yes No Are there any active students in the certificate?

Yes No Are there any applicants in the admissions queue?

Yes No Are any courses active for this certificate?

Yes No Are there any courses that could be used in lieu of to complete a student?*

*If Yes, please list: _____

REASON FOR DISCONTINUATION OF CERTIFICATE

Instructor Name _____

Instructor Signature _____ Date _____

Dean's Name _____

Dean's Signature _____ Date _____

STAFF USE ONLY

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