**VOLUNTARY CLOSURE OF A SATELLITE LOCATION TEMPLATE LETTER**

**(PLEASE PRINT/SUBMIT ON INSTITUTIONAL/SPONSOR LETTEREHEAD)**

Date of Letter

Dr. George Hatch, Jr.

Executive Director

CoAEMSP

8301 Lakeview Pkwy, Suite 111-312

Rowlett, TX 75088

CoAEMSP Program Number: 600xxx

Dear Dr. Hatch, Jr.:

The administration at **[insert Sponsor Name]** is requesting the voluntary closure of the satellite (**Satellite Name**) located in **[insert satellite city]**. Please note the following:

The last class that enrolled under this satellite location graduates/graduated on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month, day and year). The voluntary closure for the satellite location is requested effective (mm/dd/yyyy).

Student records will be permanently maintained at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (location/address) and can be requested by contacting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (phone/email)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand that until the effective date of the voluntary closure of the satellite location, any applicable satellite fees must be paid. Outstanding satellite fees at the time of voluntary closure of the satellite location will not be forgiven.

Official notification of this voluntary closure of the satellite location will come from the CoAEMSP office.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Dean or Higher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean or Higher