KANSAS STATE DEPARTMENT OF EDUCATION

Pathway Deletion Form

USD # _____ High School _____

Pathway Name _____ CIP Code _____

I verify that this pathway has been deleted in the Pathways Authenticated Applications system. Our district chooses to no longer offer this approved pathway, therefore forfeiting access to the 0.5 weighted CTE funding and Perkins federal funding for this pathway. It is understood that the district may resubmit an application to implement the pathway at another time through the Pathways Authenticated Applications system between the dates of November 15th & March 1st.

Signature of Superintendent or Authorized Central Office Administrator	Date	Title
Signature of Pathway Form Completer	Date	Title

Instructions for Completing This Form:

1. A separate form must be used for each pathway submitted for deletion.
2. Please postmark by March 1st for cancellation of the pathway for the following school year.
3. Submit form with original signatures by e-mail to: Barbara.Bahm@ksde.gov

FOR STATE USE ONLY		Received _____/_____/_____	
__ Approved for Deletion	Comments:	Initials _____	
Signature of Program Consultant		Date	
Signature of Assistant Director, CTE		Date	

KANSAS STATE DEPARTMENT OF EDUCATION

pathwayshelpdesk@ksde.gov

785-296-4908

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