

Request for Program Modification

Oklahoma State Regents for Higher Education

Institution submitting request: Click here to select your institution.

Contact person: Click here to enter text.

Title: Click here to enter text.

Phone number and email address: Click here to enter text.

Current title of degree program (Level II): Click here to enter text.

Current title of degree program (Level III): Click here to enter text.

State Regent's three-digit program code: Click here to enter text.

Degree Granting Academic Unit: Click here to enter text.

With approved options in: A. Click here to enter text.

B. Click here to enter text.

C. Click here to enter text.

D. Click here to enter text.

E. Click here to enter text.

TYPE OF REQUEST: Check all appropriate types of changes and complete ***ONLY*** the appropriate page(s). ***Excluding program deletions and suspensions, for modifications to be considered for State Regents' approval, the program must be current in the 5-year program review cycle.*** The Degree Program Review schedule can be found at <http://www.osrhe.edu/oeis/ProductivityReport/RevParams.aspx>

Date of last review for the program

- (1) Program Deletion
- (2) Program Suspension
- (3) Change of Program Name and/or Degree Designation
- (4) Option Addition
- (5) Option Deletion
- (6) Option Name Change
- (7) Program Requirement Change
- (8) Other Degree Program Modification
- (9) This modification affects a Cooperative Agreement Program

Complete and return ONLY this cover sheet AND the appropriate page(s) specifying the requested modification!

NOTE: Information not included in the requested modification may cause a delay in processing.

Signature of President: _____ **Date:** _____

Date of Governing Board Approval: Click here to enter a date.

(4) Option Addition

Oklahoma State Regents for Higher Education
REQUEST FOR PROGRAM MODIFICATION
(continued)

Institution submitting request: [Click here to select your institution.](#)

State Regents' three-digit program code and Program name of program to be modified:

[Click here to enter text.](#)

NOTE: Information not included on the requested action may cause a delay in processing.

(4) PROGRAM OPTION ADDITION

Name of new option(s): A: [Click here to enter text.](#)

B: [Click here to enter text.](#)

C: [Click here to enter text.](#)

D: [Click here to enter text.](#)

New option(s) objective(s): [Click here to enter text.](#)

Mode of delivery to be used: [Select delivery method.](#)

If this option is to be offered via online delivery, please respond to the questions below.

Online delivery is only approved at the program level. Is the majority of the program (defined as 100% of the required courses in the major or advertised as available online) under which this option is to be offered available to students via electronic media? No Yes

Is this degree program already approved for electronic delivery? No Yes

(If no, the process for requesting approval to offer an existing program via electronic media must be followed. See 3.16.11.)

Reason for requested action: [Click here to enter text.](#)

(attach documentation if necessary)

Will requested change require additional funds? No Yes

If yes, please specify the amount of the additional costs, the source of the funds, and how they will be expended (if explanation exceeds space provided, attach no more than one page).

[Click here to enter text.](#)

Provide a list of courses that will support the(se) option(s) in the table below, noting the common core for the option(s) added, the proposed curriculum, and asterisk any new courses.

NOTE: All options within a degree program must share an approximate 50% common core of related course requirements EXCLUSIVE OF GENERAL EDUCATION as required by policy (3.4.2 and 3.4.3.A.4). Related courses must share the same two-digit CIP code.

Common Core (list courses required by <u>ALL</u> options)	Proposed Curriculum
Click here to enter text.	Click here to enter text.