

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.

(6) Option Name Change

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

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

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

[Click here to enter text.](#)

(6) OPTION NAME CHANGE

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

Current option name: [Click here to enter text.](#)

Proposed option name: [Click here to enter text.](#)

Will requested change affect curriculum? No Yes

If yes, please also complete a Program Requirement Change form. Indicate the changes clearly. Note any courses deleted from the course inventory. Asterisk any courses new to the course inventory.

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 funds will be expended (if explanation exceeds space provided, attach no more than one page).

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