



## 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.

**(2) Program Suspension**

**REQUEST FOR PROGRAM MODIFICATION  
(continued)**

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

Name of program and State Regents' three-digit program code to be suspended:

[Click here to enter text.](#)

**(2) PROGRAM SUSPENSION**

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

Reason for requested action (attach no more than one page if space provided is inadequate):

[Click here to enter text.](#)

Program will be reinstated or deleted in:

- One year
- Two years
- Three years

Date program suspension effective:

- Immediate (beginning with the current academic year)
- Beginning with the next academic year.