

Request for Program Modification

Oklahoma State Regents for Higher Education

Institution submitting request: _____

Contact person: _____

Title: _____

Phone number: _____

Current title of degree program (Level II): _____

Current title of degree program (Level III): _____

State Regent's three-digit program code: _____

Degree Granting Academic Unit: _____

With approved options in: A. _____

B. _____

C. _____

D. _____

E. _____

TYPE OF REQUEST: Check all appropriate types of changes and complete ONLY the appropriate pages.

- (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

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

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

Date of Governing Board Approval: _____

(6) Option Name Change

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

●-----●
Institution submitting request: _____

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

(6) OPTION NAME CHANGE

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

●-----●
Current option name: _____

Proposed option name: _____

●-----●
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: _____