



### 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:** \_\_\_\_\_

# **(1) Program Deletion**

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

Institution submitting request: \_\_\_\_\_

Name of program and State Regents' three-digit program code of program to be deleted:  
\_\_\_\_\_

**(1) PROGRAM DELETION**                      **Delete program and all options**

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

Are students still enrolled in degree program?     No                       Yes

If yes, how many? \_\_\_\_\_

Describe the teach-out plan and how students in deleted option(s) will be accommodated?  
\_\_\_\_\_

Expected date of graduation for last student: \_\_\_\_\_

Is the program part of a Cooperative Agreement?     No                       Yes

If yes, complete the Modification to Cooperative Agreement and Cooperative Agreement Deletion forms.

Number of courses which will be deleted from course inventory as a result of this action: \_\_\_\_\_

If no courses are being deleted, how will they be used: \_\_\_\_\_

Funds available for reallocation:     No                       Yes

If yes, which departments/programs will receive the reallocated funds? \_\_\_\_\_

If no funds are available for reallocation, how will funds be used? \_\_\_\_\_

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

List courses that will be deleted from course inventory:  
\_\_\_\_\_

Date program deletion effective:

Immediate (will be indicated as deleted during the current academic year)

Beginning with academic year: \_