**PLEASE** save a copy of this form to your computer before completing.

Once the form is complete, e-mail a copy to Lisa Cannon at [lcannon@ou.edu,](mailto:lcannon@ou.edu,) and send the hard copy to your dean's office for signature and approval.

***The University of Oklahoma***

**REQUEST FOR ADMINISTRATIVE/INTERNAL CHANGES**

(Department submitting request) Contact person

Title

Phone number

Current title of degree program (Level IV) or Minor Program Code (Level III):

With Concentrations (Level V) in: Major Code (Level IV):

CIP Code:

Degree Granting Academic Unit:

Department Head:

(Person who oversees degree program listed above)

**TYPE OF REQUEST:** Check the type of request and attach a narrative explanation with supporting documents.

(1) Addition of Area of Concentration/Track (Level V)

(2) Deletion of Area of Concentration/Track (Level V)

(3) Addition of a Minor

(4) Deletion of a Minor

(5) Requirement Changes: \_\_\_accelerated ­­­\_\_\_\_minor

(6) Addition of an Accelerated Dual Degree Program

(7) Deletion of an Accelerated Dual Degree Program

(8) Other

# (3) Minor Addition

Rev August 2016

***The University of Oklahoma***

## REQUEST FOR ADMINISTRATIVE/INTERNAL CHANGES

**(continued)**

Academic unit/department submitting request:

## (3) MINOR ADDITION

Name of new minor (s): A: B:

C:

D:

**New minor(s) objective**:

***Attach the proposed curriculum requirements for the new Minor.***

**Will the new minor be offered via electronic media?** \_\_\_\_No \_\_\_\_Yes

**Mode of delivery to be used:**

**Reason for requested action:** (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).*

***The University of Oklahoma***

**REQUEST FOR ADMINISTRATIVE/INTERNAL CHANGES**

(Department submitting request) (Program Name & Code being modified)

(Reviewed by Academic Programs Council) (Date)

**Approval Signatures**

(Department/School Chair/Director) (Date)

(College Dean) (Date)

(Graduate College) (Date)

(Provost) (Date)