**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,%20) 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

# (6) Addition of Accelerated Dual Degree

Rev June 2016

***The University of Oklahoma***

## REQUEST FOR ADMINISTRATIVE/INTERNAL CHANGES

**(continued)**

Department submitting request:

Degree programs (Level IV) to be included:

First degree: Second degree:

**LIST COURSES THAT WILL BE COUNTED FOR BOTH DEGREES** (No more than 15%

of required coursework may be used to satisfy requirements of both degrees.)

**Objective for dual degree:**

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

If not, will the majority of the program (defined as 50% of the required courses in the major) under this option be available to students via electronic media? \_\_\_No \_\_\_Yes

*(If yes, please explain the procedures to be used.)*

***Attach the proposed curriculum requirements for the accelerated dual degree, noting the courses that will count for both degrees.***

**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)