**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 page(s).

**[ ]**  (1) Program Deletion

***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.***

[ ]  (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

**Signature of President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Governing Board Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Oklahoma State Regents for Higher Education***

**(6) Option Name Change**

**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:

*The University of Oklahoma*

**REQUEST FOR PROGRAM MODIFICATION**

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

**Approval Signatures**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

(Department/School Chair/Director) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

(College Dean) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

(Graduate College) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

(Academic Programs Council) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

(Provost) (Date)

Approved by The University of Oklahoma Regents \_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date)

Approved by Oklahoma State Regents for Higher Education \_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date)