**Request for Program Modification**

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

Institution submitting request: Click here to select your institution.

Contact person: Click here to enter text.

Title: Click here to enter text.

Phone number and email address: Click here to enter text.

Current title of degree program (Level II): Click here to enter text.

Current title of degree program (Level III): Click here to enter text.

State Regent’s three-digit program code: Click here to enter text.

Degree Granting Academic Unit: Click here to enter text.

With approved options in: A. Click here to enter text.

B. Click here to enter text.

C. Click here to enter text.

D. Click here to enter text.

E. Click here to enter text.

**TYPE OF REQUEST:** Check all appropriate types of changes and complete ***ONLY*** the appropriate page(s). ***Excluding program deletions and suspensions, for modifications to be considered for State Regents’ approval, the program must be current in the 5-year program review cycle.*** The Degree Program Review schedule can be found at <http://www.osrhe.edu/oeis/ProductivityReport/RevParams.aspx>

Date next review for the program is due: Click here to enter a date.

***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.***

(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 (non-substantive)

(9) Program Reinstatement

(10) This modification affects a Cooperative Agreement Program

**Signature of President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click here to enter a date.

**Date of Governing Board Approval:** Click here to enter a date.

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

**(6) Option Name Change**

**REQUEST FOR PROGRAM MODIFICATION**

**(continued)**

Institution submitting request: Click here to select your institution.

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

Click here to enter text.

**(6) OPTION NAME CHANGE**

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

Current option name: Click here to enter text.

Proposed option name: Click here to enter text.

Will requested change affect curriculum?  No  Yes

*If yes, please also complete and submit 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).*

Click here to enter text.

Reason for requested action: Click here to enter text.

*The University of Oklahoma*

**REQUEST FOR PROGRAM MODIFICATION**

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

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(Reviewed by Academic Programs Council) (Date)

**Approval Signatures**

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

(Department/School Chair/Director) (Date)

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

(College Dean) (Date)

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(Graduate College) (Date)

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(Provost) (Date)

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

(Date)

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

(Date)