**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***

**REQUEST FOR PROGRAM MODIFICATION**

**(5) Option Deletion**

**(continued)**

Institution submitting request:

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

**(5) PROGRAM OPTION DELETION**

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

Name of deleted option(s): A:

 B:

 C:

 D:

Number of courses to be deleted from course inventory: \_\_\_\_\_

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

Number of students still enrolled in each option: \_\_\_\_\_

How will students in deleted option(s) be accommodated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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? ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List courses that will be deleted from course inventory:

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

*The University of Oklahoma*

**REQUEST FOR PROGRAM MODIFICATION**

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

(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)