

**Request for Program Modification**

*Oklahoma State Regents for Higher Education*

Institution submitting request: *The University of Oklahoma*

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 options in: A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

**TYPE OF REQUEST:** Check those appropriate and complete appropriate pages **ONLY!**

(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

***Complete and return ONLY  
this cover sheet AND the  
appropriate page specifying the  
requested modification along  
with the signature page!***

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

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

**(1) Program Deletion**

Rev July 2007

*Oklahoma State Regents for Higher Education*  
**REQUEST FOR PROGRAM MODIFICATION**  
(continued)

Institution submitting request: *The University of Oklahoma* \_\_\_\_\_

State Regents' three-digit program code and Program name of program to be modified:  
\_\_\_\_\_

**(1) PROGRAM DELETION** Delete program and all options

Are students still enrolled in degree program?  No  Yes

If yes, how many? \_\_\_\_\_ Expected date of graduation for last student: \_\_\_\_\_

Number of courses which will be deleted as a result of this action: \_\_\_\_\_

Funds available for reallocation:  No  Yes

Which departments/programs will receive the reallocated funds? \_\_\_\_\_

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

**(2) Program Suspension**

Rev July 2007

*Oklahoma State Regents for Higher Education*  
**REQUEST FOR PROGRAM MODIFICATION**  
(continued)

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Institution submitting request: *The University of Oklahoma*

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

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**(2) PROGRAM SUSPENSION**

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

Date program will be reactivated or deleted: \_\_\_\_\_

**(3) Program Name Change/  
Degree Designation Change**

Rev July 2007

*Oklahoma State Regents for Higher Education*  
**REQUEST FOR PROGRAM MODIFICATION**  
(continued)

Institution submitting request: *The University of Oklahoma*

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

\_\_\_\_\_

**(3) PROGRAM NAME CHANGE AND/OR DEGREE DESIGNATION CHANGE:**

Proposed program name: \_\_\_\_\_

Proposed degree designation to be conferred (if different): \_\_\_\_\_

Will requested change affect curriculum?  No  Yes

*If yes, please attach current and proposed curriculum degree program requirements and degree program objectives (on no more than three pages). **Indicate the changes clearly.***

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:

**(4) Option Addition**

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*Oklahoma State Regents for Higher Education*  
**REQUEST FOR PROGRAM MODIFICATION**  
(continued)

Institution submitting request: *The University of Oklahoma*

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

\_\_\_\_\_

**(4) PROGRAM OPTION ADDITION**

Name of new option(s): A: \_\_\_\_\_

B: \_\_\_\_\_

C: \_\_\_\_\_

D: \_\_\_\_\_

New option(s) objective: \_\_\_\_\_

Will the new option be offered via electronic media?  No  Yes

Mode of delivery to be used: \_\_\_\_\_

Is this degree program already approved for electronic delivery?  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 in detail on a separate page the procedures to be used.)*

Attach a list of courses that will support the(se) option(s). Asterisk any new courses.

*Please attach the proposed curriculum requirements for the new option, noting the common core of courses with the main program.*

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).*

**(5) Option Deletion**

rev July 2007

*Oklahoma State Regents for Higher Education*  
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(continued)

Institution submitting request: *The University of Oklahoma*

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

\_\_\_\_\_

**(5) PROGRAM OPTION DELETION**

Name of deleted option(s): A: \_\_\_\_\_

B: \_\_\_\_\_

C: \_\_\_\_\_

D: \_\_\_\_\_

Number of courses to be deleted: \_\_\_\_\_

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

How will students in deleted option be accommodated? \_\_\_\_\_

Amount of funds available for reallocation: \_\_\_\_\_

List courses that will be deleted:

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

**(6) Option Name Change**

*Oklahoma State Regents for Higher Education*  
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(continued)

Institution submitting request: The University of Oklahoma

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

\_\_\_\_\_

**(6) OPTION NAME CHANGE**

Proposed option name: \_\_\_\_\_

Will requested change affect curriculum?     No                       Yes

*If yes, please attach current and proposed curriculum degree program requirements and degree program objectives (on no more than three pages). **Indicate the changes clearly.***

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:

**(7) Program  
Requirement Change**

Rev July 2007

*Oklahoma State Regents for Higher Education*  
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(continued)

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

\_\_\_\_\_

**(7) PROGRAM REQUIREMENT CHANGES**

- Course requirement change (change in number of core courses, electives, general education, etc. Changes in course prefixes that do not effect content should be reported, but do not require approval.)
- Degree program requirement change (i.e. prerequisites, minimum GPA for admission or other admission criteria changes, graduation criteria change, etc.)
- Total credit hours for the degree will **NOT** change.
- Total credit hours for the degree will change from \_\_\_\_\_ to \_\_\_\_\_.

Summary of changes (attach no more than one page if space provided is inadequate):

Will total number of credit hours required for the degree change  No  Yes

Explain:

Attach current and proposed degree program requirements and degree program objectives (on no more than three pages). **Indicate the changes clearly.**

Will requested change require additional funds?  No  Yes

If yes, please specify the number of the additional costs, the source of the funds, and how they will be expended (attach no more than one page if space provided is inadequate).

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

**(8) Other Degree  
Program Modification**

Rev July 2007

*Oklahoma State Regents for Higher Education*  
**REQUEST FOR PROGRAM MODIFICATION**  
(continued)

Institution submitting request: *The University of Oklahoma*

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

\_\_\_\_\_

**(8) OTHER DEGREE PROGRAM MODIFICATION**

Requested action:

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

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).*

Will requested action change curriculum?  No  Yes

*If yes, attach current and proposed curriculum degree program requirements and degree program objectives (on no more than three pages). **Indicate the changes clearly.***

## REQUEST FOR PROGRAM MODIFICATION

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\_\_\_\_\_  
(Department submitting request)

\_\_\_\_\_  
(Program Name & Code being modified)

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### 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)