

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: _____

(2) Program Suspension

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:

(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: _____

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)