

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: _____

**(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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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

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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:

(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
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:

(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

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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:

(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):

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)