

**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:** \_\_\_\_\_

**(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)