

**(6) Option Name Change**

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

Institution submitting request: \_\_\_\_\_

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. Note any deleted courses. Asterisk any new courses.***

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: \_\_\_\_\_