

**(1) Program Deletion**

Rev June 2011

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

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

If no courses are being deleted, explain: \_\_\_\_\_

Funds available for reallocation:  No  Yes

If yes, which departments/programs will receive the reallocated funds? \_\_\_\_\_

If no funds are available for reallocation, how will funds be used? \_\_\_\_\_

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