

**Request for Program Modification**

*Oklahoma State Regents for Higher Education*

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

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!***

**Signature of President:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Governing Board Approval:** \_\_\_\_\_