

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: _____