**Request for Program Modification**

***Oklahoma State Regents for Higher Education***

Institution submitting request: Click here to select your institution.

Contact person: Click here to enter text.

Title: Click here to enter text.

Phone number and email address: Click here to enter text.

Current title of degree program (Level II): Click here to enter text.

Current title of degree program (Level III): Click here to enter text.

State Regent’s three-digit program code: Click here to enter text.

Degree Granting Academic Unit: Click here to enter text.

With approved options in: A. Click here to enter text.

B. Click here to enter text.

C. Click here to enter text.

D. Click here to enter text.

E. Click here to enter text.

**TYPE OF REQUEST:** Check all appropriate types of changes and complete ***ONLY*** the appropriate page(s). ***Excluding program deletions and suspensions, for modifications to be considered for State Regents’ approval, the program must be current in the 5-year program review cycle.*** The Degree Program Review schedule can be found at <http://www.osrhe.edu/oeis/ProductivityReport/RevParams.aspx>

Date next review for the program is due: Click here to enter a date.

***Complete and return ONLY this cover sheet AND the appropriate page(s) specifying the requested modification!***

***NOTE: Information not included in the requested modification may cause a delay in processing.***

(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 (non-substantive)

(9) Program Reinstatement

(10) This modification affects a Cooperative Agreement Program

**Signature of President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click here to enter a date.

**Date of Governing Board Approval:** Click here to enter a date.

***Oklahoma State Regents for Higher Education***

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**(4) Option Addition**

**(continued)**

Institution submitting request: Click here to select your institution.

Name of program and State Regents’ three-digit program code to be modified:

Click here to enter text.

**(4) PROGRAM OPTION ADDITION** (If more than one option is being added, use one form per option)

**NOTE: Information not included on the requested action may cause a delay in processing.**

Name of new option: Click here to enter text.

New option objective(s): Click here to enter text.

Mode of delivery to be used: Select delivery method.

If this option is to be offered via online delivery, please respond to the next two questions.

Online program delivery is defined as offering 100% of the required courses in the major or advertising the program as available online.

Is this degree program already approved for electronic delivery?  No  Yes

Online delivery is only approved at the program level. Will adding this option to the program require approval for electronic delivery?  No  Yes

*(If yes, the process for requesting approval to offer an existing program via electronic media must be followed. See 3.17.11.)*

Reason for requested action: Click here to enter text.

(attach documentation if necessary)

Will the addition of the option impact the total credit hours for the degree?  No  Yes

If yes, how? The total credit hours for the degree ***WILL*** change from       to

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).

Click here to enter text.

**NOTE: All options within a degree program must share an approximate 50% common core of related course requirements EXCLUSIVE OF GENERAL EDUCATION as required by policy (3.4.3.A.4). Related courses must share the same two-digit CIP code.**

Please attach a copy of the current program degree sheet as it appears in the institution’s catalog.

Provide a list of the courses that will be required for ALL options. **Asterisk any courses that will be new to the course catalog/inventory.**

|  |  |  |
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| **Common Core Curriculum** | | |
| **PREFIX AND COURSE NUMBER** | **COURSE TITLE** | **CREDIT**  **HOURS** |
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|  | Total credit hours |  |

*Add additional rows as necessary*

Provide a list of courses that will be required for the proposed option in the table below. **Asterisk any courses that will be new to the course catalog/inventory.**

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| **Proposed Option Name** Click here to enter text. | | |
| **PREFIX AND COURSE #** | **COURSE TITLE** | **CR.**  **HRS.** |
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|  | Total credit hours |  |

*Add additional rows as necessary*

*The University of Oklahoma Health Sciences Center*

**REQUEST FOR PROGRAM MODIFICATION**

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(Department submitting request) (Program Name & Code being modified)

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(Reviewed by Academic Program Council) (Date)

**Approval Signatures**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

(Department/School Chair/Director) (Date)

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(College Dean) (Date)

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(Graduate College) (Date)

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(Provost) (Date)

Approved by The University of Oklahoma Regents \_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

Approved by Oklahoma State Regents for Higher Education \_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)