

## Request for Program Modification

### *Oklahoma State Regents for Higher Education*

Institution submitting request: University of Oklahoma Health Sciences Center

Contact person: <Name>

Title: Ex: Dean, College of Nursing

Phone number: 405-271-XXXX

Current title of degree program (Level II): Master of Science in Nursing

Current title of degree program (Level III): Nursing-Professional MS

State Regent's three-digit program code: 026 (Regents' Program Codes found on A/R website at <http://admissions.ouhsc.edu/Portals/1047/assets/documents/Major%20Codes%20Deadlines/Inventory%20Report.pdf>)

Degree Granting Academic Unit: College of Nursing

With approved options in: A. Nursing Education

B. Nurse Practitioner

C. Administration/Management

D. \_\_\_\_\_

E. \_\_\_\_\_

**TYPE OF REQUEST:** Check all appropriate types of changes and complete ***ONLY*** the appropriate page(s). [www.okhighered.org/admin-fac/academic-forms/](http://www.okhighered.org/admin-fac/academic-forms/) Complete the specific type form at as shown in the example.

- (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(s) specifying the requested modification!***

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

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

Date of Governing Board Approval: <OU Regents Complete Here>

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Example