**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

**(1) Program Deletion**

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

**REQUEST FOR PROGRAM MODIFICATION**

**(continued)**

Institution submitting request: Click here to select your institution

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

Click here to enter text

**(1) PROGRAM DELETION Delete program and all options**

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

Are students still enrolled in degree program?

[ ]  No [ ]  Yes If yes, how many? 

Expected academic year of graduation for last student: Select academic year

Describe methods used to contact both currently enrolled students and students who have stopped-out.

Click here to enter text

Will currently enrolled students be allowed to complete the degree program?

[ ]  No [ ]  Yes

If no, please explain: Click here to enter text

Describe the teach-out plan and how students in deleted program will be accommodated?

Click here to enter text

What is the duration of the teach-out plan? Choose length of teach-out plan

If other, please specify Click here to enter text

Is the program part of a Cooperative Agreement?

[ ]  No [ ]  Yes (If yes, complete and submit a Cooperative Agreement Program Deletion form.)

Number of courses which will be deleted from the institutional course catalog as a result of this action: 

If no courses are being deleted, how will they be used? Click here to enter text.

Are funds available for reallocation?

[ ]  No

If no funds are available for reallocation, how will funds be used? Click here to enter text

[ ]  Yes

If yes, which departments/programs will receive the reallocated funds? Click here to enter text

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

Click here to enter text.

Date program deletion effective:

[ ]  Immediately (will be indicated as deleted during the current academic year)

[ ]  Beginning with the next academic year

*The University of Oklahoma Health Sciences*

**REQUEST FOR PROGRAM MODIFICATION**

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

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

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

(Reviewed by Academic Program Council) (Date)

**Approval Signatures**

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

(Department/School Chair/Director) (Date)

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

(College Dean) (Date)

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

(Graduate College) (Date)

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

(Provost) (Date)

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

 (Date)

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

 (Date)