**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**

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(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)