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

**REQUEST FOR PROGRAM MODIFICATION**

**(2) Program Suspension**

**(continued)**

Institution submitting request: Click here to select your institution

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

Click here to enter text

**(2) PROGRAM SUSPENSION**

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

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

Click here to enter text

Program will be reinstated or deleted in:

[ ]  One year

[ ]  Two years

[ ]  Three years

 Date program suspension effective:

[ ]  Immediately (beginning with 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)

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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)