***Southeastern Oklahoma State University***

**(1) Program Deletion**

**REQUEST FOR PROGRAM MODIFICATION**

**(continued)**

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