***Southeastern Oklahoma State University***

**REQUEST FOR PROGRAM MODIFICATION**

**(2) Program Suspension**

**(continued)**

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.