***Southeastern Oklahoma State University***

**(4) Option Addition-including Minors and emphases.**

**REQUEST FOR PROGRAM MODIFICATION**

**(continued)**

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

Click here to enter text

**(4) PROGRAM OPTION ADDITION** (If more than one option is being added, use one form per option)

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

Name of new option: Click here to enter text

New option objective(s): Click here to enter text

Mode of delivery to be used: Select delivery method

Online program delivery is defined as offering 100% of the required courses in the major **OR** advertising the program as available online.

If this option is to be offered via online delivery, please respond to the next two questions.

1. Is this degree program already approved for electronic delivery?  No  Yes
2. Online delivery is only approved at the program level. Will adding this option to the program require approval for electronic delivery?  No  Yes

*(If yes, the process for requesting approval to offer an existing program via electronic media must be followed. See 3.17.11.)*

Reason for requested action: Click here to enter text

(attach documentation if necessary)

Will the addition of the option impact the total credit hours for the degree?  No  Yes

If yes, how? The total credit hours for the degree ***WILL*** change from  to 

Will requested change require additional funds?  No  Yes

If yes, please specify the amount of the additional costs, the source of the funds, and how they will be expended (if explanation exceeds space provided, attach no more than one page).

Click here to enter text

**NOTE: All options within a degree program must share an approximate 50% common core of related course requirements EXCLUSIVE OF GENERAL EDUCATION as required by policy (3.4.3.A.4). Related courses must share the same two-digit CIP code.**

Please attach a copy of the current program degree sheet as it appears in the institution’s catalog.

Provide a list of the courses that will be required for ALL options. **Asterisk any courses that will be new to the course catalog/inventory.**

|  |  |  |
| --- | --- | --- |
| **Common Core Curriculum** | | |
| **PREFIX AND COURSE NUMBER** | **COURSE TITLE** | **CREDIT**  **HOURS** |
| Click here to enter text | Click here to enter text |  |
| Click here to enter text | Click here to enter text |  |
| Click here to enter text | Click here to enter text |  |
| Click here to enter text | Click here to enter text |  |
| Click here to enter text | Click here to enter text |  |
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| Click here to enter text | Click here to enter text |  |
|  | Total credit hours |  |

*Add additional rows as necessary*

Provide a list of courses that will be required for the proposed option in the table below. **Asterisk any courses that will be new to the course catalog/inventory.**

|  |  |  |
| --- | --- | --- |
| **Proposed Option Name** Click here to enter text | | |
| **PREFIX AND COURSE #** | **COURSE TITLE** | **CREDIT**  **HOURS.** |
| Click here to enter text | Click here to enter text |  |
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| Click here to enter text | Click here to enter text |  |
|  | Total credit hours |  |

*Add additional rows as necessary*