***Southeastern Oklahoma State University***

**(6) Option Name Change**

**REQUEST FOR PROGRAM MODIFICATION**

**(continued)**

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

Click here to enter text

**(6) OPTION NAME CHANGE**

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

Current option name: Click here to enter text

Proposed option name: Click here to enter text

Will requested change affect curriculum? [ ]  No [ ]  Yes

*If yes, please also complete and submit a Program Requirement Change form.* ***Indicate the changes clearly. Note any courses deleted from the course inventory. Asterisk any courses new to the course inventory.***

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 funds will be expended (if explanation exceeds space provided, attach no more than one page).*

Click here to enter text

Reason for requested action: Click here to enter text