***Southeastern Oklahoma State University***

**(9) Program Reinstatement**

**REQUEST FOR PROGRAM MODIFICATION**

**(continued)**

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

Click here to enter text

**(9) PROGRAM REINSTATEMENT**

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

Reason for requested action. Please explain actions that have taken place to warrant the reinstatement of the program (attach no more than one page if space provided is inadequate):

Click here to enter text

Will requested reinstatement change the curriculum? [ ]  No [ ]  Yes

*If yes, please complete and submit a Program Requirement Change form.*

 Date program reinstatement effective:

[ ]  Immediately (current academic year)

[ ]  Beginning with the next academic year.