Request for Addition or Modification to Cooperative Agreement Program (CAP)

Oklahoma State Regents for Higher Education

Institution submitting request: _______________________________________________
Contact person: __________________________________________________________
Title: __________________________________________________________________
Phone number: __________________________________________________________________

Current title of degree program (Level II): ______________________________________
Current title of degree program (Level III): ______________________________________
State Regent’s three-digit program code: ______________________________________
Degree Granting Academic Unit: ____________________________________________
With approved options in: A. ______________________________________________
B. ______________________________________________
C. ______________________________________________
D. ______________________________________________
E. ______________________________________________

TYPE OF REQUEST: Check those appropriate and complete appropriate pages **ONLY**!

☐ Contractual Arrangement/Technical PLA CAP Program Addition
☐ CAP Deletion
☐ CAP Suspension
☐ CAP Modification

Complete and return **ONLY** this cover sheet AND the appropriate page specifying the requested modification!

**NOTE:** Information not included in the modification may cause a delay in processing.

Signature of President: ________________________________ Date: ______________
Signature of Contractual Entity: __________________________ Date: ______________
(if applicable)

State Regents’ Policy 3.4, 3.6 and 3.15