***Oklahoma State University***

**INTERNAL ROUTING/SIGNATURE APPROVAL SHEET for
NEW and MODIFIED DEGREE PROGRAMS**

**This routing sheet is to be used for all new program proposals or for modifications to existing programs (certificate and degree programs). Signatures of individuals below indicate their review and approval of the attached Program Request. Please attach this routing sheet to the Regents Program Request Form, along with the complete proposal.**

Title of Existing Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Proposed Program

Type of Program *(circle)*: **BACCALAUREATE MASTERS DOCTORATE**

**CERTIFICATE: (Undergraduate or Graduate) SPECIALIST**

Name of Academic Unit (e.g., Department, Division, School)

Name of Dept./School Head or Program Director

Name and Title of Contact Person

Campus Address and Phone of Contact Person

Printed Name: Department/School Curriculum Chair Signature/Date

Printed Name: Academic Unit Graduate Coordinator**\*** Signature/Date

Printed Name: Dept./School Head or Program Director Signature/Date

Printed Name: College Curriculum Chair Signature/Date

Printed Name: College Dean Signature/Date

Printed Name: Graduate Council Vice-Chair**\*** Signature/Date

Printed Name: Graduate Dean**\*** Signature/Date

Printed Name: Instruction Council Chair Signature/Date

**\*Required only for graduate programs.**

***Oklahoma State Regents for Higher Education***

**Program Request Form for New Traditional Program, New Online Program OR EXISTING Program Offered Traditionally at a New Location**

Click here to select your institution

Institution Submitting Proposal

Select Level I Designation for proposed program

Formal Degree (Level I)

Click here to enter Level II Degree Designation for proposed program

Degree Designation as on Diploma (Level II)

in

Click here to enter Level III title for the proposed program

Title of Proposed Degree Program (Level III)

With options (Level IV) in: Click here to enter option

 Click here to enter option

 Click here to enter option

 Click here to enter option

Select delivery method

Method of Delivery (i.e., traditional only/electronic only/both)

Delivery location (s) (e.g. Warner, Tulsa, Ardmore): Click here to enter delivery location

CIP Code (6 digits) Click here to enter text

Suggested Instructional Program Code Click here to enter text

(if left blank the next available program code will be assigned)

Academic Unit (e.g. Department, Division, School) Click here to enter text

Name of Academic Unit Click here to enter text

Name of Program Director Click here to enter text

Intended Date of Implementation Click here to enter text

Anticipated Date for Granting First Degrees or Certificates Click here to enter text

Specialty Accrediting Agency (if applicable) Click here to enter text

Name, Title and Information of Contact Person Click here to enter text

Date of Letter of Intent Click here to enter a date

(The letter of intent must have been submitted to the Chancellor prior to submitting the proposal)

Date of Governing Board Approval Click here to enter a date.

**Signature of President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click here to enter a date

***Oklahoma State Regents for Higher Education***

**REQUEST FOR PROGRAM MODIFICATION**

**(4) Option Addition**

**(continued)**

Institution submitting request: Click here to select your institution

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 |  |
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| Click here to enter text | Click here to enter text |  |
| 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 |  |
| 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*