***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.**

**Request for Program Modification**

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

Institution submitting request: Click here to select your institution.

Contact person: Click here to enter text.

Title: Click here to enter text.

Phone number and email address: Click here to enter text.

Current title of degree program (Level II): Click here to enter text.

Current title of degree program (Level III): Click here to enter text.

State Regent’s three-digit program code: Click here to enter text.

Degree Granting Academic Unit: Click here to enter text.

With approved options in: A. Click here to enter text.

 B. Click here to enter text.

 C. Click here to enter text.

 D. Click here to enter text.

 E. Click here to enter text.

**TYPE OF REQUEST:** Check all appropriate types of changes and complete ***ONLY*** the appropriate page(s). ***Excluding program deletions and suspensions, for modifications to be considered for State Regents’ approval, the program must be current in the 5-year program review cycle.*** The Degree Program Review schedule can be found at <http://www.osrhe.edu/oeis/ProductivityReport/RevParams.aspx>

Date next review for the program is due: Click here to enter a date.

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

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

[ ]  (1) Program Deletion

[ ]  (2) Program Suspension

[ ]  (3) Change of Program Name and/or Degree Designation

[ ]  (4) Option Addition

[ ]  (5) Option Deletion

[ ]  (6) Option Name Change

[ ]  (7) Program Requirement Change

[ ]  (8) Other Degree Program Modification (non-substantive)

[ ]  (9) Program Reinstatement

[ ]  (10) This modification affects a Cooperative Agreement Program

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

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

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

**(5) Option Deletion**

**REQUEST FOR PROGRAM MODIFICATION**

**(continued)**

Institution submitting request: Click here to select your institution.

Program name and State Regents’ three-digit program code to be modified: Click here to enter text.

**(5) PROGRAM OPTION DELETION (if more than one option is being deleted, use one form per option)**

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

Name of deleted option: Click here to enter text.

Will the deletion of this 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

Number of courses being deleted from the course inventory/catalog: Click here to enter text.

Reason for requested action (attach no more than one page if space provided is inadequate)

Click here to enter text.

Are students still enrolled in this option? [ ]  No [ ]  Yes

If yes, how many? Click here to enter text.

Expected academic year of graduation for last student: Select academic year. \_\_\_\_\_\_\_\_\_\_\_

Describe methods used to contact both currently enrolled students and students who have stopped-out.

Click here to enter text.

Will currently enrolled students be allowed to complete the option? [ ] No [ ] Yes

If no, please explain: Click here to enter text.

Describe the teach-out plan and how students in deleted option will be accommodated?

Click here to enter text.

What is the duration of the teach-out plan? Select length of teach out plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the option part of a Cooperative Agreement? [ ]  No [ ]  Yes

If yes, complete and submit a Cooperative Agreement Program Deletion form.

Funds available for reallocation? [ ]  No [ ]  Yes

If yes, which departments/programs will receive the reallocated funds? Click here to enter text.

If no funds are available for reallocation, how will funds be used? Click here to enter text.

Date option deletion effective:

[ ]  Immediately (will be indicated as deleted during the current academic year)

[ ]  Beginning with the next academic year