***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 of last review for the program

***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

(9) This modification affects a Cooperative Agreement Program

**Signature of President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Governing Board Approval:** 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.

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

**(4) PROGRAM OPTION ADDITION**

Name of new option(s): A: Click here to enter text.

B: Click here to enter text.

C: Click here to enter text.

D: Click here to enter text.

New option(s) objective(s): Click here to enter text.

Mode of delivery to be used: Select delivery method.

If this option is to be offered via online delivery, please respond to the questions below.

Online program delivery is defined as offering 100% of the required courses in the major or advertising the program as available online.

Is this degree program already approved for electronic delivery?  No  Yes

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 3.16.11.)*

Reason for requested action: Click here to enter text.

(attach documentation if necessary)

Will the addition of the option(s) 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 (3.4.2 and 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.

Please provide a list of the courses that will be required for ALL options:

**Common Core Curriculum**

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| **PREFIX AND COURSE NUMBER** | **COURSE TITLE** | **CREDIT**  **HOURS** |
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*Add additional rows as necessary*

Provide a list of courses that will support the(se) option(s) in the table below, noting the common core for the option(s) added, the proposed curriculum, and asterisk any new courses.

**Proposed Option Name** Click here to enter text.

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**Proposed Option Name** Click here to enter text.

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**Proposed Option Name** Click here to enter text.

**Proposed Option Name** Click here to enter text.

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**Proposed Option Name** Click here to enter text.

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*Add additional rows as necessary*

Add additional tables as necessary