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](http://www.osrhe.edu/oeis/ProductivityReport/RevParams.aspx)

Date of last review for the program

☐ (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.

**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.
Institution submitting request: Click here to select your institution.

Name of program and State Regents’ three-digit program code of program to be deleted:
Click here to enter text.

**1) PROGRAM DELETION** Delete program and all options

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

Are students still enrolled in degree program?

☐ No  ☐ Yes

If yes, how many?

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 degree program?

☐ No  ☐ Yes

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

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

Click here to enter text.

What is the duration of the teach-out plan? Choose length of teach-out plan

If other, please specify Click here to enter text.

Is the program part of a Cooperative Agreement?

☐ No  ☐ Yes

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

Number of courses which will be deleted from course inventory as a result of this action:

If no courses are being deleted, how will they be used? Click here to enter text.

Are funds available for reallocation?

☐ No

If no funds are available for reallocation, how will funds be used? Click here to enter text.
☐ Yes
If yes, which departments/programs will receive the reallocated funds? 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.

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

List courses that will be deleted from the course inventory/catalog:

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<th>PREFIX AND COURSE #</th>
<th>COURSE TITLE</th>
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Date program deletion effective:

☐ Immediate (will be indicated as deleted during the current academic year)

☐ Beginning with the next academic year