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.

State Regents’ Policy 3.4.3
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
☐ (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.

State Regents’ Policy 3.4.3
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
☐ (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.

State Regents’ Policy 3.4.3
(3) Program Name Change/ Degree Designation Change

Oklahoma State Regents for Higher Education
REQUEST FOR PROGRAM MODIFICATION
(continued)

Institution submitting request: Click here to select your institution.

Current program name and/or degree designation and State Regents’ three-digit code of program to be modified: Click here to enter text.

(3) PROGRAM NAME CHANGE AND/OR DEGREE DESIGNATION CHANGE:

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

Proposed program name (Level III) (if different): Click here to enter text.

Proposed degree designation to be conferred (Levels I and II) (If different): Click here to enter text.

Will requested change affect curriculum? ☐ No ☐ Yes

If yes, please also complete a Program Requirement Change form. Indicate the changes clearly. Note any courses deleted from the course inventory. Asterisk any courses new to the course inventory.

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 funds will be expended (if explanation exceeds space provided, attach no more than one page).

Reason for requested action: Click here to enter text.