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.

State Regents’ Policy 3.7.8.E
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

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.

Signature of President: _______________________________ Date: __________

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

State Regents’ Policy 3.7.8.E
(2) Program Suspension

REQUEST FOR PROGRAM MODIFICATION
(continued)

Institution submitting request: Click here to select your institution.

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

(2) PROGRAM SUSPENSION

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

Reason for requested action (attach no more than one page if space provided is inadequate):
Click here to enter text.

Program will be reinstated or deleted in:

☐ One year
☐ Two years
☐ Three years

Date program suspension effective:

☐ Immediate (beginning with the current academic year)
☐ Beginning with the next academic year.