***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***

**EXISTING PROGRAM ONLINE DELIVERY REQUEST FORM**

Click here to select your institution.

Institution Submitting Proposal

 Click here to enter degree, program title, and State Regents’ 3-digit program code.

[i.e. Bachelor of Science in Engineering (101)]

To request approval for an existing program to be offered through online delivery or other computer-mediated format, the President must send a Letter of Intent to the Chancellor. (NOTE: new programs must be requested through the *Academic Program Approval* policy)

Date of Letter of Intent: Click here to enter a date.

(The letter of intent must have been submitted to the Chancellor prior to submitting the proposal)

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

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

**Complete this form ONLY if the requesting institutions HAS gone through the electronic delivery approval process and has been approved to offer electronically delivered programs.**

**3.17.12 Approval of Subsequent Online Programs**

1. **Delivery Method**

Clearly describe the delivery method that will be used to deliver the program content (e.g., Blackboard, Desire2Learn, etc.) including the major features that will facilitate learning. (3.17.11.B.2)

Click here to enter text.

1. **Demand for the Program**

The proposed delivery method of the existing program must respond to the needs of the larger economic and social environment. Thus, the institution must demonstrate that the demand for electronic delivery of the existing program extends access to place bound and non-traditional students, facilitates Oklahoma’s economic development by strengthening pathways to academic degree and certificate attainment, and enhances institutional resource efficiency.

1. Student Demand: Clearly describe all evidence of student demand, normally in the form of surveys of potential students and/or enrollments in related programs at the institution, which should be adequate to expect a reasonable level of productivity. If applicable, provide evidence of survey responses or other data collected indicating student interest in electronic delivery of this program. The response should also explain how approval for online delivery will better serve current and/or prospective students.

Click here to enter text.

1. Employer Demand: Clearly describe all evidence of sufficient employer demand, especially in the five workforce ecosystems developed by the State Department of Commerce that includes aerospace and defense, energy, agriculture and biosciences, information and financial services, and transportation and distribution. This demand can be demonstrated in the form of anticipated openings in an appropriate service area and in relation to existing production of graduates for the institution’s service area and/or state. Such evidence may include employer surveys, current labor market analyses, and future manpower projections. The following websites may provide useful information: <https://oklahomaworks.gov/oklahoma-workforce-data/critical-occupations/> and <https://oklahoma.gov/oesc/labor-market/employment-projections.html>. Additionally, workforce demand with corresponding degree production data be obtained by contacting Ms. Cass Minx, Workforce and Economic Development Coordinator at (cminx@osrhe.edu). Where appropriate, provide evidence, normally in the form of letters of support or copies of advisory board minutes, that demonstrate employers’ preferences for graduates of the proposed program over persons having alternative existing credentials and employers’ willingness to pay higher salaries to graduates of the proposed program. The response should clearly identify positions that graduates will be prepared for after completing this program.

Click here to enter text.

1. **Cost and Funding of the Proposed Program**

The resource requirements and planned sources of funding of the proposed learning mode must be detailed in order to assess the adequacy of the resources to support a quality program. This assessment is to ensure that the program will be efficient in its resource utilization and to assess the impact of this proposed learning mode on the institution’s overall need for funds. (3.17.11.B.7)

Click here to enter text.

Provide productivity goals related to the cost and funding of the proposed program.

Click here to enter text.