***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.**

***Embedded Certificate - New Program Request Form***

***(created for abbreviated approval process for certificate***

***coursework existing within a single approved program)***

Click here to select your institution.

Institution Submitting Proposal

Click here to enter text.

Title of Proposed Embedded Certificate

Click here to enter text.

Title of Existing Program and State Regents’ Program Code

Click here to enter text.

Location (where the program will be offered)

Select delivery method.

Method of Delivery (i.e., traditional only/electronic only/both)

CIP Code (6 digits) Click here to enter text.

Program Code requested for embedded certificate Click here to enter text.

(if left blank, the next available program code will be used)

Academic Unit (e.g. Department, Division, School) Click here to enter text.

Name of Academic Unit Click here to enter text.

Name of Program Director Click here to enter text.

Intended Date of Implementation Click here to enter text.

Anticipated Date for Granting First Embedded Certificates Click here to enter text.

Specialty Accrediting Agency Click here to enter text.

Name and Title of Contact Person Click here to enter text.

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.

**Evaluation Criteria for Embedded Certificate Programs in Existing Approved Degree Programs**

1. **Curriculum**

The curriculum for an embedded certificate shall be a subset of required courses in a single existing degree, and comply with any accreditation or certification standards. The proposal must describe how the certificate is embedded and articulates with the related existing degree program at the institution. Up to 50 percent of the coursework required in an embedded certificate may come from related or guided electives courses and/or general education courses. (3.4.5.B)

Total number of hours required for certificate:

 Number of hours from general education:

 Number of hours from program requirements:

 Number of hours in related/electives (if applicable):

Please either attach the proposed certificate’s curricular requirements or use the table below to list the proposed curriculum. **Additionally, the degree sheet for the existing program in which the certificate is embedded must be included with the proposal**.

|  |  |
| --- | --- |
| **Certificate Requirements** |  |
| **PREFIX AND COURSE NUMBER** | **COURSE TITLE** | **CREDIT HOURS** |
| Click here to enter text. | Click here to enter text. |       |
| Click here to enter text. | Click here to enter text. |       |
| Click here to enter text. | Click here to enter text. |       |
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| Click here to enter text. | Click here to enter text. |       |
|  | *Add additional rows as needed* |  |
|  | **Total** |       |

1. **Faculty**

Faculty resources are assumed to be adequate and appropriate for the proposed embedded certificate based on the existing degree program offering. If significant differences will exist in faculty resources, please specify.

[ ]  No Differences

[ ]  Differences: (Click here to specify differences.)

1. **Support Resources**

Appropriate and adequate support resources are assumed for the proposed embedded certificate based on the main approved degree program offering. If significant differences will exist, please specify.

[ ]  No Differences

[ ]  Differences: (Click here to specify differences.)

1. **Demand for the Program**

Proposed embedded certificate programs must respond to the needs of the larger economic and social environment. Thus, the institution must demonstrate both student and employer demand for the proposed embedded certificate.

1. Embedded certificates must provide specific skills and knowledge that can be readily transferred to the workforce. In the space below, identify the skills and knowledge that the proposed certificate will provide to students.

Click here to enter text.

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 and courses at the institution, which should be adequate to expect a reasonable level of productivity. If applicable, provide documentation of survey responses or other data collected indicating student interest in the proposed program.

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://www.okhighered.org/econ-dev/dashboards/>, <https://oklahomaworks.gov/oklahoma-workforce-data/critical-occupations/>, and <https://www.ok.gov/oesc/Labor_Market/Industry_and_Occupational_Employment_Projections/>) 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 the proposed 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 embedded certificate are assumed to be sufficient based on the existing program offering. If significant funding issues exist for the proposed embedded certificate, please specify and identify sources of funding.

[ ]  No Differences

[ ]  Differences: (Click here to specify differences.)

1. **Program Review and Assessment**

Program review procedures shall include standards and guidelines for the assessment of student outcomes implied by the embedded certificate program objectives and consistent with the institutional mission, and will be submitted as a component of the routine five-year program review for the main approved degree program.

***NOTE: To be considered for State Regents’ approval, the program in which the proposed certificate is embedded 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 (year) next review for the existing program in which the proposed certificate is embedded is due:

Click here to enter text.

1. **Distance Education and Traditional Off-Campus Courses and Programs**

If the proposed embedded certificate will be offered through distance education and the existing degree program has not been approved for electronic delivery, the embedded certificate must meet the policy requirements in 3.17.11 Program Approval Procedures for Online Programs.

|  |
| --- |
| [ ]  Embedded certificate will NOT be delivered online[ ]  Embedded certificate will be offered online (complete section H below)If requesting online delivery (check all that apply):[ ]  Institution is already approved for Distance Education [ ]  Institution is NOT approved for Distance Education  |

1. **Delivery Method**

Clearly describe the method(s) that will be used to deliver the program content (e.g., Blackboard, Desire2Learn, etc.) and the major features that will facilitate learning. (State Regents’ policy 3.17.11.B.2)

Click here to enter text.