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	e)	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			
Timed Name. Oraquate Council vice-Chail	Signature/Date			
Printed Name: Graduate Dean*	Signature/Date			
	<i>5</i>			
Printed Name: Instruction Council Chair	Signature/Date			

^{*}Required only for graduate programs.

Request for Program Modification

Oklahoma State Regents for Higher Education

 ☐ (6) Option Name Chang ☐ (7) Program Requirement ☐ (8) Other Degree Programment ☐ (9) This modification af 	nt Change	included in the requested modification may cause a delay in processing.		
☐ (7) Program Requirement ☐ (8) Other Degree Program	nt Change m Modification	included in the requested modification may cause a delay in processing.		
☐ (7) Program Requirement	nt Change	included in the requested modification may cause a		
_		included in the requested modification may cause a		
		· ·		
\square (5) Option Deletion		NOTE: Information not included in the requested		
(4) Option Addition				
☐ (2) Program Suspension☐ (3) Change of Program Name and/or Degree Designation		appropriate page(s) specifying the requested modification!		
				☐ (1) Program Deletion
Date of last review for the J	program			
Excluding program dele approval, the program mus				
	E. Click here to enter text.			
	D. Click here to enter text.			
	C . Click here to enter text.			
	B. Click here to enter text.			
	A. Click here to enter text.			
	Unit: Click here to enter text.			
	rogram code: Click here to enter text.			
	ram (Level II): Click here to enter text. ram (Level III): Click here to enter text.			
Current title of degree prog	rom (Laval II). Click here to enter text	•		
Phone number and email address: Click here to enter text.				
Title: Click here to enter te				
	to enter text.			
Contact person: Click here				
	est: Click here to select your institution.			

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

(4) Option Addition

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

(continued)
Institution submitting request: Click here to select your institution.
State Regents' three-digit program code and Program name of program to be modified:
Click here to enter text.
NOTE: Information not included on the requested action may cause a delay in processing.
(4) PROGRAM OPTION ADDITION
Name of new option(s): A: Click here to enter text.
B : Click here to enter text.
C: Click here to enter text.
D : Click here to enter text.
New option(s) objective(s): Click here to enter text.
Mode of delivery to be used: Select delivery method.
If this option is to be offered via online delivery, please respond to the questions below.
Online delivery is only approved at the program level. Is the majority of the program (defined as 100% of the required courses in the major or advertised as available online) under which this option is to be offered available to students via electronic media? \square No \square Yes
Is this degree program already approved for electronic delivery? \square No \square Yes (If no, the process for requesting approval to offer an existing program via electronic media must be followed. See 3.16.11.)
Reason for requested action: Click here to enter text. (attach documentation if necessary)
Will requested change require additional funds? \square No \square Yes
If yes, please specify the amount of the additional costs, the source of the funds, and how they will be expended (if explanation exceeds space provided, attach no more than one page). Click here to enter text.
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Provide a list of courses that will support the(se) option(s) in the table below, noting the common core for the option(s) added, the proposed curriculum, and asterisk any new courses.

NOTE: All options within a degree program <u>must</u> share an approximate 50% common core of related course requirements EXCLUSIVE OF GENERAL EDUCATION as required by policy (3.4.2 and 3.4.3.A.4). Related courses must share the same two-digit CIP code.

Common Core (list courses required by <u>ALL</u> options)	Proposed Curriculum
Click here to enter text.	Click here to enter text.