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 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.

(5) Option Deletion

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

Institution submitting request: Click here to select your institution.

Program name and State Regents' three-digit program code to be modified: Click here to enter text.

(5) PROGRAM OPTION DELETION (if more than one option is being deleted, use one form per option

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

Name of deleted option: Click here to enter text.

Are students still enrolled in degree program?   ☐ No   ☐ Yes

If yes, how many? Click here to enter text.

Expected academic year of graduation for last student: Select academic year. _____

Describe methods used to contact both currently enrolled students and students who have stopped-out.

Click here to enter text.

Will currently enrolled students be allowed to complete the option?   ☐No   ☐Yes

If no, please explain: Click here to enter text.

Describe the teach-out plan and how students in deleted option will be accommodated?

Click here to enter text.

What is the duration of the teach-out plan? Select length of teach out plan _____

Is the option part of a Cooperative Agreement?
      ☐ No   ☐ Yes

     If yes, complete and submit a Cooperative Agreement Program Deletion form.

Funds available for reallocation: ☐ No   ☐ Yes

If yes, which departments/programs will receive the reallocated funds? Click here to enter text.

If no funds are available for reallocation, how will funds be used?   Click here to enter text.

List courses that will be deleted from course inventory:

Click here to enter text.

●——●

Date option deletion effective:

☐Immediate (will be indicated as deleted during the current academic year)

☐Beginning with the next academic year.

Reason for requested action (attach no more than one page if space provided is inadequate)

Click here to enter text.

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Date option deletion effective:

☐ Immediate (will be indicated as deleted during the current academic year)

☐ Beginning with academic year: Click here to enter text. (degree inventory will not be updated until the start of this academic year)