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	
Division of the Grand	<u> </u>	
Printed Name: College Curriculum Chair	Signature/Date	
Printed Name: College Dean	Signature/Date	
Timed Name: Conege Zean	Signature, Bute	
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

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Institution submitting reque	est: Click here to select your institution.				
Contact person: Click here	to enter text.				
Title: Click here to enter tex	ct.				
Phone number and email ac	Idress: Click here to enter text.				
Current title of degree prog	ram (Level II): Click here to enter text.				
Current title of degree prog	ram (Level III): Click here to enter text				
State Regent's three-digit p	rogram 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.				
Date of last review for the p	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 		Complete and return ONLY this cover sheet <u>AND</u> the appropriate page(s) specifying the requested modification! NOTE: Information not			
			included in the requested modification may cause a		
			delay in processing.		
			☐ (8) Other Degree Progra	m Modification	
			☐ (9) This modification af	fects a Cooperative Agreement Program	1
		Signature of President:		Date:	
			Approval: Click here to enter a date		

(6) Option Name Change

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 of program to be modified: Click here to enter text.
(6) OPTION NAME CHANGE
NOTE: Information not included on the requested action may cause a delay in processing.
Current option name: Click here to enter text. Proposed option name: Click here to enter text.
Will requested change affect curriculum? ☐ No ☐ Yes
If yes, please also complete a Program Requirement Change form. Indicate the changes clearly. Note any courses deleted from the course inventory. Asterisk any courses new to the course inventory.
Will requested change require additional funds? ☐ No ☐ Yes
If yes, please specify the amount of the additional costs, the source of the funds, and how funds will be expended (if explanation exceeds space provided, attach no more than one page).
Reason for requested action: Click here to enter text.