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.

State Regents' Policy 3.4.3

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.

State Regents' Policy 3.4.3

(8) Other Degree Program Modification

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

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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.

(8) OTHER DEGREE PROGRAM MODIFICATION

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

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Requested action: Click here to enter text.

●──●

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

Click here to enter text.

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 they will be expended (if explanation exceeds space provided, attach no more than one page).

Will requested action change curriculum?   ☐ No   ☐ Yes

If yes, provide complete a Program Requirement Change form and include the <u>current</u> and <u>proposed</u> curriculum degree program requirements and degree program objectives (on no more than three pages). **Indicate the changes clearly. Note any courses deleted from the course inventory. Asterisk any courses new to the course inventory.**

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Please list the current curriculum requirements in the left column and the proposed curriculum requirements in the right column.

Current Curriculum	Proposed Curriculum
Click here to enter text.	Click here to enter text.