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 <u>***ONLY***</u> 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 <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.*

Signature of President: _____ **Date:** _____

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

(1) Program Deletion

Institution submitting request: Click here to select your institution.

Name of program and State Regents' three-digit program code of program to be deleted:
Click here to enter text.

(1) PROGRAM DELETION   **Delete program and all options**

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

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

   If yes, how many?

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 degree program?
☐ No   ☐ Yes

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

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

   Click here to enter text.

What is the duration of the teach-out plan? Choose length of teach-out plan
   If other, please specify Click here to enter text.

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

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

Number of courses which will be deleted from course inventory as a result of this action:

If no courses are being deleted, how will they be used? Click here to enter text.

Are funds available for reallocation?

☐ No

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

☐ Yes

If yes, which departments/programs will receive the reallocated funds? 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.

List courses that will be deleted from course inventory:

Click here to enter text.

Date program deletion effective:

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

☐Beginning with the next academic year: ~~Select academic year.~~ _____ ~~(degree inventory will not be updated until the start of this academic year)~~