

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
(certificates 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.

**(3) Program Name Change/
Degree Designation Change**

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

Institution submitting request: [Click here to select your institution.](#)

Current program name and/or degree designation and State Regents' three-digit code of program to be modified:
[Click here to enter text.](#)

(3) PROGRAM NAME CHANGE AND/OR DEGREE DESIGNATION CHANGE:

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

Proposed program name (Level III) (if different): [Click here to enter text.](#)

Proposed degree designation to be conferred (Levels I and II) (If different):
[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.](#)