#### 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	
Filited Name. Conege Curredium 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

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•	est: Click here to select your institution.	
Contact person: Click here Title: Click here to enter te:		
	ddress: Click here to enter text.	
Phone number and eman ac	diess. Chek here to enter text.	
Current title of degree prog	gram (Level II): Click here to enter text.	
	gram (Level III): Click here to enter text	
State Regent's three-digit p	orogram code: Click here to enter text.	
	e 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.	
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# (3) Program Name Change/ Degree Designation Change

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

(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.
<ul><li>Will requested change affect curriculum?</li><li>□ No</li><li>□ Yes</li></ul>
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? $\square$ No $\square$ 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.