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

(7) Program Requirement 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 to be modified:
Click here to enter program name and program code.

 (7) PROGRAM REQUIREMENT CHANGES

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

Select all that apply:

☐ Course requirement change (change in number of core courses, electives, general education, etc.
   Changes in course prefixes that do not effect content should be reported, but do not require approval.)

☐ Degree program requirement change (i.e. prerequisites, minimum GPA for admission or other
   admission criteria changes, graduation criteria change, etc.)

☐ Total credit hours for the degree will ***NOT*** change.

☐ Total credit hours for the degree ***WILL*** change from   to
Explain:

Summary of changes (attach no more than one page if space provided is inadequate, as well as the form showing the current and proposed curriculum):
Click here to enter text.

Number of new courses being added to course inventory: Click here to enter text.
   List new courses being added to the course inventory: Click here to enter text.
Number of courses being deleted from course inventory: Click here to enter text.
   List courses being deleted from the course inventory: 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 from the State Regents?   ☐No   ☐Yes
If yes, please specify the number of the additional costs, the source of the funds, and how they will be expended (attach no more than one page if space provided is inadequate).
Click here to enter text.

Will requested change impact an embedded certificate?   ☐No   ☐Yes
If yes, please specify the certificate name and State Regents' three-digit program code. A modification to the impacted embedded certificate(s) must accompany the modification request to the main program.
Click here to enter text.

State Regents' Policy 3.4.3

Will requested change affect a Cooperative Agreement? ☐No ☐Yes
   (if yes, must complete a Cooperative Agreement Program Modification Form.

For undergraduate degree programs only

As part of the broader work of the Mathematics Success Initiative, the Math Pathways Task Force has identified four gateway mathematics courses that are suitable general education mathematics course options. These courses, *College Algebra/Pre-Calculus, Introduction to Statistics, Functions and Modeling, and Quantitative Reasoning*, are included on the Course Equivalency Project transfer matrix and provide rigorous mathematical content that is more relevant and appropriate for specific academic majors.

Please respond to the following questions:

1. Which mathematics course is required as part of the general education requirements? If the program allows for multiple gateway mathematics course options, provide a rationale for each.
   Click here to enter text.
2. Describe how the mathematics course was selected and how it best meets the needs of the program's students.
   Click here to enter text.
3. How does this mathematics course articulate with your partner institutions?
   Click here to enter text.

(For more information regarding the gateway mathematics courses, please contact Dr. Rachel Bates (405) 225-9168)

State Regents' Policy 3.4.3

Attach <u>current</u> and <u>proposed</u> 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.**

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.

State Regents' Policy 3.4.3