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 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. *Required only for graduate programs.

*State Regent Policy 3.4.3 and 3.4.4
Request for Program Modification

Oklahoma State Regents for Higher Education

Institution submitting request: _______________________________________________
Contact person: __________________________________________________________
Title: __________________________________________________________________
Phone number: __________________________________________________________

Current title of degree program (Level II): ____________________________________
Current title of degree program (Level III): ____________________________________
State Regent’s three-digit program code: ______________________________________
Degree Granting Academic Unit: ____________________________________________
With approved options in: A. ______________________________________________
B. __________________________________________________________________
C. __________________________________________________________________
D. __________________________________________________________________
E. __________________________________________________________________

**TYPE OF REQUEST:** Check all appropriate types of changes and complete **ONLY** the appropriate pages.

☐ (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

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

Signature of President: ___________________________ Date: _____________

Date of Governing Board Approval: ______________________

*State Regent Policy 3.4.3 and 3.4.4*
Institution submitting request: ______________________________________________

State Regents’ three-digit program code and Program name of program to be modified:
_______________________________________________________________________

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

(4) PROGRAM OPTION ADDITION

Name of new option(s): A: _________________________________________________
B: _________________________________________________
C: _________________________________________________
D: _________________________________________________

New option(s) objective(s): ______________________________________________

Will the new option be offered via electronic media? ☐ No ☐ Yes

Mode of delivery to be used: ______________________________________________

If yes, will the majority of the program (defined as 100% of the required courses in the major) under this option be available to students via electronic media? ☐ No ☐ Yes
(If yes, please explain in detail on a separate page the procedures to be used.)

Is this degree program already approved for electronic delivery? ☐ No ☐ Yes
(If no, the process for requesting approval to offer an existing program via electronic media must be followed. See State Regents’ Policy 3.16.11.)

Reason for requested action: ______________________________________________
(attach documentation if necessary)

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).

Attach a list of courses that will support the(se) option(s) on the attached form, noting the common core for the option added, the proposed curriculum, and asterisk any new courses.

*State Regent Policy 3.4.3 and 3.4.4*
NOTE: All options within a degree program must share an approximate 50% common core EXCLUSIVE OF GENERAL EDUCATION as required by policy.

Please provide a copy of current degree requirements and list the proposed curriculum requirements for the new option in the right column, noting the common core of courses with the main program in the left column.*

| Common Core  
(list courses required by **ALL** options) | Proposed Curriculum |
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