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 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’ Policies 3.4.3 and 3.7.7
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

Signature of President: _________________________________ Date: _____________
Date of Governing Board Approval: ______________________

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
(1) Program Deletion

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

Institution submitting request: ______________________________________________

Name of program and State Regents’ three-digit program code of program to be deleted:
_______________________________________________________________________

(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? _____

How will students in the deleted program be accommodated? _____________________________

Expected date of graduation for last student: ______________

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

If yes, complete the Modification to Cooperative Agreement and Cooperative Agreement Deletion forms.

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:_______________________________

Funds available for reallocation: ☐ No ☐ Yes

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

If no funds are available for reallocation, how will funds be used? ______________________

Reason for requested action (attach no more than one page if space provided is inadequate):

List courses that will be deleted from course inventory:

State Regents’ Policies 3.4.3 and 3.7.7