**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.

<table>
<thead>
<tr>
<th>Title of Proposed Program</th>
<th>BACCALAUREATE</th>
<th>MASTERS</th>
<th>DOCTORATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Program (circle):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CERTIFICATE:</td>
<td>(Undergraduate or Graduate)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 

<table>
<thead>
<tr>
<th>Printed Name: Department/School Curriculum Chair</th>
<th>Signature/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Academic Unit Graduate Coordinator*</td>
<td>Signature/Date</td>
</tr>
<tr>
<td>Printed Name: Dept./School Head or Program Director</td>
<td>Signature/Date</td>
</tr>
<tr>
<td>Printed Name: College Curriculum Chair</td>
<td>Signature/Date</td>
</tr>
<tr>
<td>Printed Name: College Dean</td>
<td>Signature/Date</td>
</tr>
<tr>
<td>Printed Name: Graduate Council Vice-Chair*</td>
<td>Signature/Date</td>
</tr>
<tr>
<td>Printed Name: Graduate Dean*</td>
<td>Signature/Date</td>
</tr>
<tr>
<td>Printed Name: Instruction Council Chair</td>
<td>Signature/Date</td>
</tr>
</tbody>
</table>

*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

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

*State Regent Policy 3.4.3 and 3.4.4
(4) Option Addition

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

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 or
advertised as available online) under which this option is to be offered available to students via
electronic media? ☐ No ☐ Yes

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 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. NOTE: All
options within a degree program must share an approximate 50% common core of related

*State Regent Policy 3.4.3 and 3.4.4*
course requirements EXCLUSIVE OF GENERAL EDUCATION as required by policy (3.4.2 and 3.4.3.A.4).

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.*

<table>
<thead>
<tr>
<th>Common Core</th>
<th>Proposed Curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>(list courses required by ALL options)</td>
<td></td>
</tr>
</tbody>
</table>

*State Regent Policy 3.4.3 and 3.4.4*