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’ Policy 3.4.3 and 3.4.4
Request for Program Modification

Oklahoma State Regents for Higher Education

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

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
(5) Option Deletion

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

Institution submitting request: ____________________________________________________

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

(5) PROGRAM OPTION DELETION

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

Name of deleted option(s): A: ______________________________________________
B: ______________________________________________
C: ______________________________________________
D: ______________________________________________

Number of courses to be deleted from course inventory: _____

If no courses are being deleted, how will they be used? _________________________________

Number of students still enrolled in each option: _____

Describe the teach-out plan and how students in deleted option(s) will be accommodated?
_____________________________________________________________________________

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? _________________

List courses that will be deleted from course inventory:

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

Date program deletion effective:

□ Immediate (will be indicated as deleted during the current academic year)
□ Beginning with academic year: _________________

State Regents’ Policy 3.4.3 and 3.4.4