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
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
(6) Option Name Change

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

Institution submitting request: ______________________________________________

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

(6) OPTION NAME CHANGE

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

Current option name: _____________________________________________________

Proposed option name: ____________________________________________________

Will requested change affect curriculum?  □ No  □ Yes

If yes, please also complete a Program Requirement Change form. Indicate the changes clearly. Note any courses deleted from the course inventory. Asterisk any courses new to the course inventory.

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 funds will be expended (if explanation exceeds space provided, attach no more than one page).

Reason for requested action: _______________________________________________