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
Institution submitting request: ______________________________________________

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

(8) OTHER DEGREE PROGRAM MODIFICATION

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

Requested action: ________________________________________________________

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

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).

Will requested action change curriculum? □ No  □ Yes

If yes, provide complete a Program Requirement Change form and include the current and proposed curriculum degree program requirements and degree program objectives (on no more than three pages). *Indicate the changes clearly. Note any courses deleted from the course inventory. Asterisk any courses new to the course inventory.*

Please list the current curriculum requirements in the left column and the proposed curriculum requirements in the right column.

<table>
<thead>
<tr>
<th>Current Curriculum</th>
<th>Proposed Curriculum</th>
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State Regents’ Policy 3.4.3