

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.**

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

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

Signature of President: _____ **Date:** _____

Date of Governing Board Approval: _____

**(8) Other Degree
Program Modification**

Revised June 2015

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:

(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.

Current Curriculum	Proposed Curriculum