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>CERTIFICATE:</td>
<td></td>
<td>SPECIALIST</td>
</tr>
<tr>
<td></td>
<td>(Undergraduate or Graduate)</td>
<td></td>
<td></td>
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<tr>
<td>Name of Academic Unit (e.g., Department, Division, School)</td>
<td></td>
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<tr>
<td>Name of Dept./School Head or Program Director</td>
<td></td>
<td></td>
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<tr>
<td>Name and Title of Contact Person</td>
<td></td>
<td></td>
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<tr>
<td>Campus Address and Phone of Contact Person</td>
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</tr>
</tbody>
</table>

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.
*Required only for graduate programs.

State Regents' Policies 3.4.3 and 3.7.7
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: ____________________________

State Regents’ Policies 3.4.3 and 3.7.7
Institution submitting request: ____________________________________________

Name of program and State Regents’ three-digit program code of program to be deleted: ________________________________________________

(1) PROGRAM DELETION  Delete program and all options

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

Are students still enrolled in degree program?  □ No  □ Yes

If yes, how many?  _____

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

Expected date of graduation for last student: ______________

Is the program part of a Cooperative Agreement?  □ No  □ Yes

If yes, complete the Modification to Cooperative Agreement and Cooperative Agreement Deletion forms.

Number of courses which will be deleted from course inventory as a result of this action: _____

If no courses are being deleted, how will they be used: __________________________

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? __________________

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

List courses that will be deleted from course inventory:

Date program deletion effective:

□ Immediate (will be indicated as deleted during the current academic year)

□ Beginning with academic year: _

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

State Regents’ Policies 3.4.3 and 3.7.7