## 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>Type of Program (circle):</th>
<th>BACCALAUREATE</th>
<th>MASTERS</th>
<th>DOCTORATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CERTIFICATE:</strong> (Undergraduate or Graduate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Printed Name: Department/School Curriculum Chair</th>
<th>Signature/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name: Academic Unit Graduate Coordinator*</td>
<td>Signature/Date</td>
</tr>
<tr>
<td>Printed Name: Dept./School Head or Program Director</td>
<td>Signature/Date</td>
</tr>
<tr>
<td>Printed Name: College Curriculum Chair</td>
<td>Signature/Date</td>
</tr>
<tr>
<td>Printed Name: College Dean</td>
<td>Signature/Date</td>
</tr>
<tr>
<td>Printed Name: Graduate Council Vice-Chair*</td>
<td>Signature/Date</td>
</tr>
<tr>
<td>Printed Name: Graduate Dean*</td>
<td>Signature/Date</td>
</tr>
<tr>
<td>Printed Name: Instruction Council Chair</td>
<td>Signature/Date</td>
</tr>
</tbody>
</table>

*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
REQUEST FOR PROGRAM MODIFICATION (continued)

Institution submitting request: ______________________________________________

Current program name and/or degree designation and State Regents’ three-digit code of program to be modified:
__________________________________________________________________________

(3) PROGRAM NAME CHANGE AND/OR DEGREE DESIGNATION CHANGE:

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

Proposed program name (Level III) (if different): ________________________________

Proposed degree designation to be conferred (Levels I and II) (if different):
__________________________________________________________________________

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:

State Regents’ Policy 3.4.3