**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></th>
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</thead>
</table>

**Type of Program** (circle):  
- [ ] BACCALAUREATE  
- [ ] CERTIFICATE: (Undergraduate or Graduate)  
- [ ] MASTERS  
- [ ] DOCTORATE  
- [ ] SPECIALIST

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

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

☐ Course requirement change (change in number of core courses, electives, general education, etc. Changes in course prefixes that do not effect content should be reported, but do not require approval.)

☐ Degree program requirement change (i.e. prerequisites, minimum GPA for admission or other admission criteria changes, graduation criteria change, etc.)

☐ Total credit hours for the degree will NOT change.

☐ Total credit hours for the degree WILL change from ______ to ______.

Explain: ___________________________________________________________
______________________________________________________________
______________________________________________________________

Summary of changes (attach no more than one page if space provided is inadequate, as well as the form showing the current and proposed curriculum):

Number of new courses being added to course inventory: ______

List new courses being added to the course inventory: _________________________

Number of courses being deleted from course inventory: ______

List courses being deleted from the course inventory: _________________________

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

Will requested change require additional funds from the State Regents? ☒ No ☐ Yes

If yes, please specify the number of the additional costs, the source of the funds, and how they will be expended (attach no more than one page if space provided is inadequate).
Attach current and proposed 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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