

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: _____

(2) Program Suspension

Revised June 2017

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

Institution submitting request: _____

Name of program and State Regents' three-digit program code to be suspended:

(2) PROGRAM SUSPENSION

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

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

Date program will be reinstated or deleted in:

- One year
- Two years
- Three years

Date program suspension effective:

- Immediate (will be indicated as suspended during the current academic year)
- Beginning with academic year: _____