# 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>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Program <em>(circle):</em></td>
</tr>
<tr>
<td>CERTIFICATE: <em>(Undergraduate or Graduate)</em></td>
</tr>
<tr>
<td>Name of Academic Unit <em>(e.g., Department, Division, School)</em></td>
</tr>
<tr>
<td>Name of Dept./School Head or Program Director</td>
</tr>
<tr>
<td>Name and Title of Contact Person</td>
</tr>
<tr>
<td>Campus Address and Phone of Contact Person</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 3.7.8.E*
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

State Regents’ Policy 3.7.8.E
(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: ______________