***Oklahoma State Regents for Higher Education***

**COVER PAGE FOR DUAL OR JOINT NEW PROGRAM REQUEST FORM**

**for traditional and electronic delivery programs**

***NOTE: Institutions that are participating in dual or joint degree program must complete the information included in this cover page. The name of each institution, the degree designation, formal degree abbreviation, and title of the degree program for each institution needs to be included in the spaces below.***

Click here to select your institution.

Click here to select your institution.

Institutions Submitting Proposal

Select Level I Designation

Select Level I Designation

Formal Degree (Level I)

Click here to enter Level II Degree Designation.

Click here to enter Level II Degree Designation.

Degree Designations as on Diploma (Level II)

in

Click here to enter Level III program title.

Click here to enter Level III program title.

Titles of Proposed Degree Programs (Level III)

With options (Level IV) in:

Click here to enter option.

Click here to enter option.

Click here to enter option.

Click here to enter option.

Delivery method: Traditional only [ ]  Electronic only [ ]  Both [ ]

CIP Code (6 digits) Click here to enter text..

Suggested Instructional Program Code Click here to enter text.

(if left blank the next available program code will be assigned)

Academic Unit (e.g. Department, Division, School)\* Click here to enter text.

Name of Academic Unit \* Click here to enter text.

Name of Program Director\* Click here to enter text.

Intended Date of Implementation Click here to enter text.

Anticipated Date for Granting First Degrees or Certificates Click here to enter text.

Specialty Accrediting Agency Click here to enter text.

Name, Title and Information of Contact Person(s) Click here to enter text.

Date of Letter of Intent Click here to enter a date.

Each institution participating in the dual or joint degree must indicate the date of the institution’s governing board approval and include each institution’s President’s signature

Institution #1 Click here to select your institution.

Date of Governing Board Approval Click here to enter a date.

**Signature of President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

Institution #2 Click here to select your institution.

Date of Governing Board Approval Click here to enter a date.

**Signature of President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Include the name of the Academic Unit from each institution that is participating in the dual or joint degree program.