SUNY POLYTECHNIC INSTITUTE CURRICULUM <u>PROGRAM</u> ACTION FORM

This form is used to initiate curriculum program (major, minor, and concentration) actions, for the development of the college catalog, and official curriculum files. Please complete all applicable sections and route appropriately. The Provost will initiate final action upon receipt of signed original from the Curriculum Committee Chairman.

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1. PROPOSED ACTION (SELECT ONE):
☐ ADD
☐ CHANGE
☐ DEACTIVATE

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2. PROGRAM NAME INFORMATION *(if none, leave blank)*:
2a. Current Program Name: _____
2b. Proposed Program Name: _____

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3. PROGRAM TYPE:
☐ MAJOR
☐ MINOR
☐ CONCENTRATION

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4. SEMESTER/YEAR OF IMPLEMENTATION:

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5. EXPLANATION: *(be specific and detailed; use as much space as is needed)*

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6. ACCREDITING OR CERTIFYING ORGANIZATION(S) – *if any*:

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7. WILL ACCREDITATION OR CERTIFICATION BE SOUGHT?
☐ Yes
☐ No

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8. WILL THE PROPOSED CHANGE AFFECT THE PLAN OF STUDY?
☐ Yes – *please attach a new plan of study*
☐ No

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9. SUPPORTING MATERIALS:
(if applicable, insert or attach appropriate documents; i.e.: suggested plan of study)

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10. SIGNATURES

10a.   SPONSOR'S DEPARTMENT: _____
   (Academic Unit)

10b.   SPONSOR'S NAME: _____

10c.   SPONSOR'S SIGNATURE: _____ **DATE:** _____

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SUNY approval required?   ☐ YES*   ☐ NO
   If "YES", indicate date SUNY approval received: DATE: _____

NYSED approval required?   ☐ YES*   ☐ NO
   If "YES", indicate date NYSED approval received: DATE: _____

*Note that if SUNY and/or NYSED approval is needed, this may delay the planned implementation date that was indicated in question 4.

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APPROVAL SIGNATURES/ROUTING

DEPARTMENT CHAIR: _____ **DATE:** _____
   (Academic Unit)

COLLEGE DEAN: _____ **DATE:** _____

COORDINATING DEAN _____ **DATE:** _____
   (if applicable)

GEN ED COORDINATOR _____ **DATE:** _____
   (if applicable)

CURRICULUM CHAIR: _____ **DATE:** _____

PROVOST: _____ **DATE:** _____

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To be completed by the Registrar:

STVMAJR: ___/___/___   SMAPRLE: ___/___/___   SOACURR: ___/___/___

DegreeWorks: ___/___/___