

# SUNY POLYTECHNIC INSTITUTE CURRICULUM PROGRAM 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 Required
- DEACTIVATE

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**2. PROGRAM NAME INFORMATION** *(if none, leave blank):*

- 2a. Current Program Name:** Required \_\_\_\_\_
- 2b. Proposed Program Name:** Required \_\_\_\_\_

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**3. PROGRAM TYPE:** Required

- MAJOR
- MINOR
- CONCENTRATION

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**4. SEMESTER/YEAR OF IMPLEMENTATION:** Required

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

Required. Provide a satisfactory description.

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

Required

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**7. WILL ACCREDITATION OR CERTIFICATION BE SOUGHT?**

- Yes Required
- No

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**8. WILL THE PROPOSED CHANGE AFFECT THE PLAN OF STUDY?**

- Yes – *please attach a new plan of study* Required
- No

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**9. SUPPORTING MATERIALS:**

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

Required. It is advised to submit a proposed syllabus including detailed weekly plan and bibliography.

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**10. SIGNATURES**

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

10b. SPONSOR'S NAME: REQUIRED

10c. SPONSOR'S SIGNATURE: REQUIRED 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: REQUIRED DATE: \_\_\_\_\_  
*(Academic Unit)*

COLLEGE DEAN: REQUIRED 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: \_\_\_/\_\_\_/\_\_\_