

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.

1. PROPOSED ACTION (SELECT ONE):

- ☐ ADD
☐ CHANGE
☐ DEACTIVATE

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

- 2a. Current Program Name: _____
2b. Proposed Program Name: _____

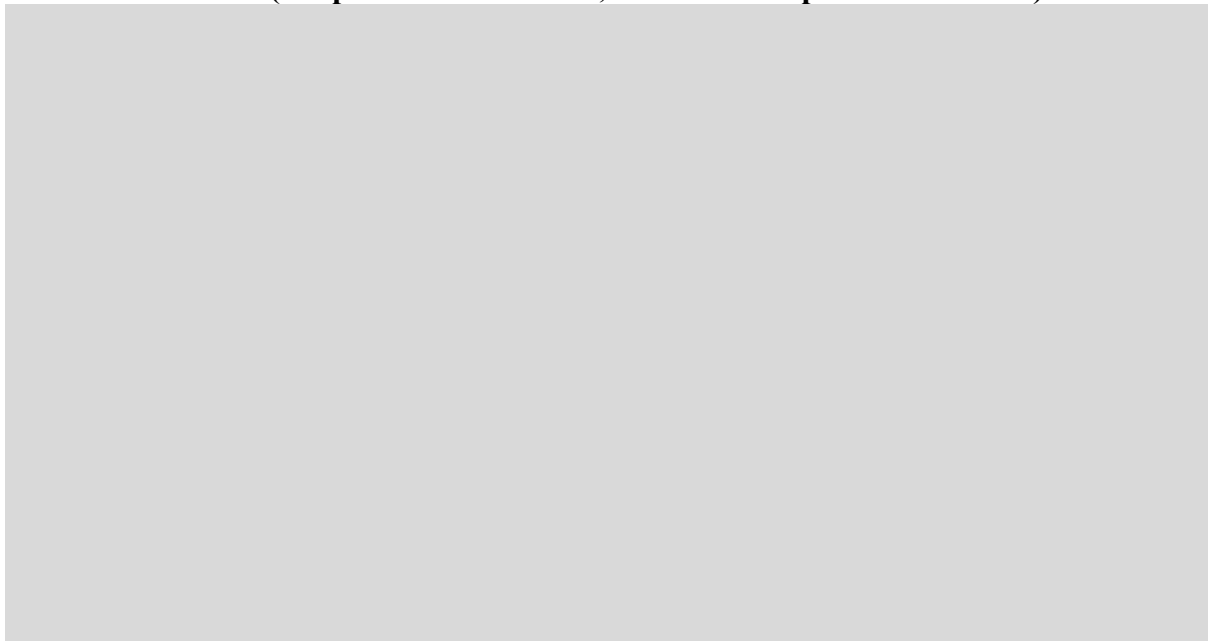
3. PROGRAM TYPE:

- ☐ MAJOR
☐ MINOR
☐ CONCENTRATION
☐ MICRO CREDENTIAL (*if micro-credential, use supplementary forms*)

4. SEMESTER/YEAR OF IMPLEMENTATION:

- a) Semester _____
b) Year _____

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

A large, solid gray rectangular area intended for the user to provide a detailed explanation for the proposed curriculum action.

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

—

7. WILL ACCREDITATION OR CERTIFICATION BE SOUGHT?

☐ Yes

☐ No

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

☐ Yes – please attach a new plan of study

☐ No

9. SUPPORTING MATERIALS:

Attach a copy of the program's plan of study, indicating the supporting materials

10. SIGNATURES

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

10b. SPONSOR'S NAME: ____

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

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.

APPROVAL SIGNATURES/ROUTING

(signature fields do not allow scribble, please print and sign, or add your name)

DEPARTMENT CHAIR: (Academic Unit)	Click or tap here to enter text.	DATE	Click or tap to enter a date.
COLLEGE DEAN:	Click or tap here to enter text.	DATE	Click or tap to enter a date.
COORDINATING DEAN (if applicable)	Click or tap here to enter text.	DATE	Click or tap to enter a date.
GEN ED COORDINATOR (if applicable)	Click or tap here to enter text.	DATE	Click or tap to enter a date.
CURRICULUM CHAIR:	Click or tap here to enter text.	DATE	Click or tap to enter a date.
PROVOST	Click or tap here to enter text.	DATE	Click or tap to enter a date.

To be completed by the Registrar:

STVMAJR: ____/____/____ SMAPRLE: ____/____/____ SOACURR: ____/____/____

Degree Works: ____/____/____

Click or tap here to enter text.