

SUNY INSTITUTE OF TECHNOLOGY

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

1a. CURRENT PROGRAM NAME:

(if applicable)

1b. PROPOSED PROGRAM NAME:

(if applicable)

2. PROGRAM TYPE:

(select one: MAJOR, MINOR, CONCENTRATION)

3. PROPOSED ACTION:

(select one: ADD, CHANGE, DEACTIVATE)

4. SEMESTER/YEAR OF IMPLEMENTATION:

5. EXPLANATION:

(be specific and detailed)

6. ACCREDITING OR CERTIFYING ORGANIZATION(S):

(if applicable)

7. WILL ACCREDITATION OR CERTIFICATION BE SOUGHT (yes/no):

(if applicable)

8. SUPPORTING MATERIALS:

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

9a. SPONSOR'S DEPARTMENT:

9b. SPONSOR'S NAME:

9c. SPONSOR'S SIGNATURE: _____ DATE: _____

APPROVAL SIGNATURES/ROUTING

DEPARTMENT CHAIR: _____ DATE: _____

COORDINATING CHAIR: _____ DATE: _____
(if applicable)

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

CURRICULUM CHAIR: _____ DATE: _____

PROVOST: _____ DATE: _____

To be completed by the Registrar:

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