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| SED seal | **THE STATE EDUCATION DEPARTMENT** / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234  **Application to Change or Adapt a Registered Professional Education Program** |

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## Form Instructions:

* Prior to implementing **any changes** in a program leading to a professional license or a related field, please contact the Professional Education Program Review Unit at [OPPROGS@nysed.gov](mailto:OPPROGS@nysed.gov)
* Use this form to request program changes that require approval by the State Education Department. Please note: SUNY and CUNY institutions should contact their System Administration for guidance.
* For programs that are registered jointly with another institution, all participating institutions must confirm their support of the changes.
* If the change involves offering an existing registered program at a new location or creating a dual-degree program from existing programs, complete a new registration application for the proposed program.

## Section I: General Information

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| Institutional Information Date of Proposal:  Institution Name:  Address:  *Additional Information:*   * Specify campus where program will be offered, if other than the main campus: |
| Program Information Program title:  Award (e.g., B.A., M.S.):  Credits:  HEGIS Code:  [Program Code](http://www.nysed.gov/heds/IRPSL1.html)(s): |
| Contact person for this proposal Name and title:  Telephone:       Fax:       E-Mail: |
| CEO (or designee) approval Signature affirms the institution’s commitment to support the proposed program. Name and title:  Signature and date:  ***If the program will be registered jointly with another institution, provide the following information:***  Partner institution’s name:  Name and title of partner institution’s CEO:  Signature of partner institution’s CEO: |

## Section II: Identify the Proposed Changes

| Check all the changes that apply and complete the required section that follows: |
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| **Discontinuing a Program.** Indicate the effective date: |
| **Change in Program Title.** Indicate the proposed new title. |
| **Change in Program Award.** Indicate the proposed new award. |
| **Curricular Change(s).** |
| **Other Change(s).** Please specify. |

## Section III: Describe the Proposed Change(s).

| In a brief narrative explain the rationale for the changes. |
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| Describe the plan for implementing the proposed changes, including the effective date and the impact on the currently enrolled students. |
| For Format Change(s)  1. Describe availability of courses and any change in faculty, resources, or support services related to the change. 2. Use [Table 1](#Table1) to provide a sample program schedule to show the sequencing and scheduling of courses in the new format. |
| For Curricular Change(s)  1. Use [Table 2](#Table2) to provide a side-by-side comparison of the existing and newly modified program plan as shown in the College’s Catalog. 2. For each new or modified course, provide a syllabus. Syllabi should include a course description and identify course credit, objectives, topics, student outcomes, texts/resources, and the basis for determining grades. 3. For each new course, list the name, qualifications, and relevant experience of faculty teaching the course. |

## Table 1: For Format change(s)

Use/adapt the table below to show how a typical student may progress through the program. Expand the table as needed.

* Indicate **academic calendar** type:  Semester  Quarter  Trimester  Other (describe)
* Label each term in sequence, consistent with the institution’s academic calendar (e.g., Fall 1, Spring 1, Fall 2)
* Use the table to show **how a typical student may progress through the program**; copy/expand the table as needed.
* If the program is a graduate program LAS and MAJ courses do not need to be indicated.
  + Identify any comprehensive, culminating element(s) (e.g., thesis or examination) including course number if applicable:

**Term:**

| **Course Number & Title** | Cr | LAS | MAJ | NEW | Prerequisites |
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##### Term:

| **Course Number & Title** | Cr | LAS | MAJ | NEW | Prerequisites |
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##### Term:

| **Course Number & Title** | Cr | LAS | MAJ | NEW | Prerequisites |
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##### Term:

| **Course Number & Title** | Cr | LAS | MAJ | NEW | Prerequisites |
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| **Course Number & Title** | Cr | LAS | MAJ | NEW | Prerequisites |
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| **Course Number & Title** | Cr | LAS | MAJ | NEW | Prerequisites |
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| **Course Number & Title** | Cr | LAS | MAJ | NEW | Prerequisites |
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##### Term:

| **Course Number & Title** | Cr | LAS | MAJ | NEW | Prerequisites |
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**Program Totals:**

**Credits:** **Liberal Arts & Sciences:** **Major:** **Electives & Other :**

**CR:** Credits **LAS:** [Liberal Arts & Sciences](http://www.nysed.gov/college-university-evaluation/department-expectations-curriculum#c) **MAJ:** Major Requirement **NEW:** New Course **Prerequisite(s):** List Prerequisite(s) for the course.

## Table 2: For curricular change(s)

Use/adapt the table below to compare the existing and newly modified program plan. Expand the table as needed.

### Current Program

| Course Number and Title | Credits | Required or Elective |
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### Proposed Program

| Course Number and Title | Credits | Required or Elective |
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| Term Credit Total: |  |  |

**Submit the application electronically to** [**OPPROGS@nysed.gov**](mailto:OPPROGS@nysed.gov) **AND mail one hard copy to the following address:**

Professional Education Program Review

Office of the Professions

2nd Floor, West Wing, EB

New York State Education Department

89 Washington Avenue

Albany, NY 12234