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| SEDseal | **THE STATE EDUCATION DEPARTMENT** / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234  Office of College and University Evaluation |

# Application for Registration of a New Certificate

# or Advanced Certificate Program[[1]](#footnote-1)

Program registration is based on standards in the [Regulations](http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations) of the Commissioner of Education. Section [52.1](https://govt.westlaw.com/nycrr/Document/Ieca63dd8c22111dd97adcd755bda2840?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)) defines the curricula that must be registered. The Department registers individual curricula rather than the institution as a whole, but the registration process addresses major institutional elements. It is the chief means by which the Regents support the quality of college and university programs.

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| MC900411244[1] | This application should NOT be used for the following types of program proposals:   * General Academic Programs Leading to a Degree Award (e.g., Bachelor of Arts) * Programs Preparing Teachers, Educational Leaders, and Other School Personnel; * Programs Preparing Licensed [Professions](http://www.op.nysed.gov/); or * Revisions to Existing Registered Programs   The application materials for those types of proposals can be found at: <http://www.nysed.gov/college-university-evaluation/register-or-change-program>  Doctoral programs: please [contact](http://www.nysed.gov/college-university-evaluation/office-college-and-university-evaluation-ocue-contact-information) the Office of College and University Evaluation.  **Directions for submission of proposal:**   1. Create a ***single*** PDF document that includes the following completed forms:  * Application for Registration of a New Certificate or Advanced Certificate Program * Application to Add the Distance Education Format to a New or Registered Programs (if applicable) * CEO (or Designee) Approval Form  1. Create a separate PDF document for any required syllabi  (see Task 3 for syllabi requirements.) 2. Attach the PDF documents to an e-mail. 3. Send e-mail to [**OCUERevAdmin@mail.nysed.gov**](mailto:OCUERevAdmin@mail.nysed.gov)   When submitting to the mailbox, include the following elements in the subject line of the e-mail:  Institution Name, Degree Award, and Program Title  E.g., Subject: AAA College, Advanced Certificate, English Literature |

**Task 1 - Institution and Program Information**

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| **Institution Information** | | |
| Institution Name:  Institution Code (6 digits):  ***The name and code of the institution should reflect the information found on the*** [***Inventory of Registered Programs***](http://www.nysed.gov/heds/IRPSL1.html) | |  |
| Institution Address: | |  |
| City: | |  |
| State/Country: | |  |
| Zip: | |  |
| [Regents Regions](http://www.nysed.gov/college-university-evaluation/counties-organized-regents-higher-education-region)*:* | |  |
| Specify campus(s) of the institution where program is offered, if other than the main campus:  ***The name and code of the location(s) should reflect the information found on the*** [***Inventory of Registered Programs***](http://www.nysed.gov/heds/IRPSL1.html) | |  |
| Specify any other additional campus(s) where the program is offered besides the ones selected above: | |  |
| If any courses will be offered off campus, indicate the location and number of courses and credits: | |  |
| If the program will be registered jointly with another institution, please provide the partner institution's name: | |  |
| **Program Information for New Programs** | | | |
| Program Title: |  | | |
| Degree Award: | Certificate  Advanced Certificate | | |
| [HEGIS code](http://www.nysed.gov/college-university-evaluation/new-york-state-taxonomy-academic-programs-hegis-codes): |  | | |
| Number of Credits\*: |  | | |

If the program contains multiple options or concentrations that affect the number of program credits, list the total number of program credits required for each option:

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| Option/Concentration Name:       Credits: |
| Option/Concentration Name:       Credits: |
| Option/Concentration Name:       Credits: |
| Option/Concentration Name:       Credits: |

If program is part of a dual degree program, provide the following information:

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| Program Title: |  |
| Degree Award: |  |
| [HEGIS code:](http://www.nysed.gov/college-university-evaluation/new-york-state-taxonomy-academic-programs-hegis-codes) |  |

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| **Section III.   Contact Information** |  |
| Name of contact person |  |
| Title of contact person: |  |
| Telephone |  |
| Fax: |  |
| Email: |  |

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| **Task 2 - Proposed Program Information** |
| Guidance for this task can be found by clicking here: [Department Expectations: Admissions, Academic Support Services, Credit for Experience and Program Assessment and Improvement](http://www.nysed.gov/college-university-evaluation/department-expectations-admissions-academic-support-services-credit)  Relevant Regulations for this task can be found by clicking here: [Relevant Regulations for Task 2](http://www.nysed.gov/common/nysed/files/core_regs_task2.docx) |

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| **1. Program type** *(check one)* |
| Certificate  Advanced Certificate |

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| **2. Program format** |
| Check all scheduling, format, and delivery features that apply to the proposed program. Unless otherwise specified below, it is assumed the proposed program may be completed through a full-time, day schedule. Format definitions can be found by clicking here: [Format Definitions](http://www.nysed.gov/college-university-evaluation/format-definitions)   |  |  | | --- | --- | |  | **Evening:** All requirements for the award must be offered during evening study. | |  | **Weekend:** All requirements for the award must be offered during weekend study. | |  | **Evening/Weekend:** All requirements for the award must be offered during a combination of evening and weekend study. | |  | **Day Addition:** For programs having EVENING, WEEKEND, or EVENING/WEEKEND formats, indicates that all requirements for the award can also be completed during traditional daytime study. | |  | **Not Full-Time:** The program cannot be completed on a full-time basis, e.g., an associate degree that cannot be completed within two academic years.  Such programs are not eligible for TAP payments to students. | |  | **5-Year baccalaureate:**  Indicates that because of the number of credits required, the program is approved as a 5-year program with five-year State student financial aid eligibility. | |  | **4.5 Year baccalaureate:** Indicates that because of the number of credits required, the program is approved as a 4.5-year program with 4.5-year State student financial aid eligibility. | |  | **Upper-Division:**  A program comprising the final two years of a baccalaureate program. A student cannot enter such a program as a freshman.  The admission level presumes prior completion of the equivalent of two years of college study and substantial prerequisites. | |  | **Independent Study:**A major portion of the requirements for the award must be offered through independent study rather than through traditional classes. | |  | **Cooperative:**  The program requires alternating periods of study on campus and related work experience.  The pattern may extend the length of the program beyond normal time expectations. | |  | **Distance Education:** 50% or more of the course requirements for the award can be completed through study delivered by distance education. | |  | **External:** All requirements for the award must be capable of completion through examination, without formal classroom study at the institution. | |  | **Accelerated:** The program is offered in an accelerated curricular pattern which provides for early completion. [Semester hour requirements](https://govt.westlaw.com/nycrr/Document/Ieca5c8abc22111dd97adcd755bda2840?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)) in Commissioner’s Regulations for instruction and supplementary assignments apply. | |  | **Standard Addition:**  For programs having Independent, Distance Education, External, OR Accelerated formats, indicates that all requirements for the award can also be completed in a standard, traditional format. | |  | **Bilingual:** Instruction is given in English and in another language.  By program completion, students are proficient in both languages.  This is not intended to be used to identify programs in foreign language study. | |  | **Language Other Than English:**  The program is taught in a language other than English. | |  | **Other Non-Standard Feature(s):** Please provide a detailed explanation. | |
| **3. Related degree program(s)** |
| Indicate the [registered degree program(s)](http://www.nysed.gov/heds/IRPSL1.html) by title, award and five-digit SED code to which the credits will apply: |
| **4. Program Description and Purpose** |
| 1. **Provide a brief description of the program as it will appear in the institution’s catalog.**   *Answer*: |
| 1. **List the educational and (if appropriate) career objectives of the program.**   *Answer*: |
| 1. **How does the program relate to the institution’s mission and/or master plan?**   *Answer*: |
| 1. **Describe the role of faculty in the program’s design.**   *Answer*: |
| 1. **Describe the input by external partners, if any (e.g., employers and institutions offering further education).**   *Answer*: |
| 1. **What are the anticipated Year 1 *through* Year 5 enrollments?** *Answer*: |
| **5. Admissions** |
| 1. **List all *program* admission requirements** (or note if identical to the institution’s admission requirements).   *Answer*: |
| 1. **Describe the process for evaluating exceptions to these requirements**.   *Answer*: |
| 1. **How will the institution encourage enrollment by persons from groups historically underrepresented in the discipline or occupation?**   *Answer*: |
| **6. Academic Support Services** |
| **Summarize the academic support services available** to help students succeed in the program.  *Answer*: |
| **7. Credit for Experience** |
| **If this program will grant substantial credit for learning derived from experience, describe the methods of evaluating the learning and the maximum number of credits allowed.**  *Answer*: |
| **8. Program Assessment and Improvement** |
| **Summarize the plan for periodic evaluation of the new program, including the use of data to inform program improvement.**  *Answer*: |

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| **Task 3 - Sample Program Schedule** |
| **NOTE:** The sample program schedule is used to determine program eligibility for financial aid.  Guidance for this task can be found by clicking here: [Department Expectations: Curriculum (including Internships, Financial Aid Considerations, and Liberal Arts and Sciences)](http://www.nysed.gov/college-university-evaluation/department-expectations-curriculum)  Relevant regulations for this task can be found by clicking here: [Relevant Regulations for Task 3](http://www.nysed.gov/common/nysed/files/core-regs-task3.docx) |
| 1. Complete **Table 1**. |
| 1. If the program will be **offered through a nontraditional schedule**, provide a brief explanation of the schedule, including its impact on financial aid eligibility.   *Answer:* |
| 1. For existing courses, enter the **catalog description** of the courses.   *Answer:* |
| 1. Syllabi:   Provide syllabi for all new courses**.** The expected components of a syllabus are listed in [Department Expectations: Curriculum](http://www.nysed.gov/college-university-evaluation/department-expectations-curriculum).  **Note:** Although it is required to submit syllabi for all new courses as noted, syllabi for ***all*** courses required for the proposed program should be available upon request.  **Instructions for submitting syllabi:**  All required syllabi must be included in a single, separate PDF document. |

**Table 1:**  **Certificate/Advanced Certificate Program Schedule**

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| * 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. | | | | | | | | | |
| **Term:** | | | | |  | **Term:** | | | |
| **Course Number & Title** | | Credits | New | Prerequisite(s) | **Course Number & Title** | Credits | New | Prerequisite(s) |
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| Term credit total: | |  |  | | Term credit total: |  |  | |
| **Term:** | | | | | **Term:** | | | |
| **Course Number & Title** | | Credits | New | Prerequisite(s) | **Course Number & Title** | Credits | New | Prerequisite(s) |
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| Term credit total: | |  |  | | Term credit total: |  |  | |
| **Term:** | | | | | **Term:** | | | |
| **Course Number & Title** | | Credits | New | Prerequisite(s) | **Course Number & Title** | Credits | New | Prerequisite(s) |
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| Term credit total: | |  |  | | Term credit total: |  |  | |
| **Term:** | | | | | **Term:** | | | |
| **Course Number & Title** | | Credits | New | Prerequisite(s) | **Course Number & Title** | Credits | New | Prerequisite(s) |
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| Term credit total: | |  |  | | Term credit total: |  |  | |
| **Program Totals:** | **Credits:** | | |  | | | | | |

**New**: indicate if new course **Prerequisite(s)**: list prerequisite(s) for the noted course

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| **Task 4. Faculty** |
| Guidance for this task can be found by clicking here: [Department Expectations: Faculty](http://www.nysed.gov/college-university-evaluation/department-expectations-faculty)  Relevant regulations for this task can be found by clicking here: [Relevant Regulations for Task 4](http://www.nysed.gov/common/nysed/files/core-regs-task4.docx) |
| 1. **Complete the faculty tables** that describe faculty (**Table 2 and Table 3**), and faculty to be hired (**Table 4**), as applicable. Faculty curricula vitae should be provided only by request. |
| 1. **What is the institution’s definition of “full-time” faculty?** Include the number of credits expected to be taught by full-time faculty per academic term.   *Answer*: |

**Table 2: Current Faculty, Full-Time**

* Provide information on faculty members who are full-time at the institution and who will be teaching each course in the major field or graduate program. \*Include and identify the Program Director.

| Faculty Member Name and Title/Rank at Institution (include and identify Program Director) | Expected Program Course Assignments | Percent of Teaching Time to Program | Highest and Other Applicable Earned Degrees and Disciplines (include College/University) | Additional Qualifications: list related certifications/licenses; professional experience in field, scholarly contributions, other academic affiliations. |
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**Table 3: Current Faculty, Part-Time**

Provide information on faculty members who are part-time at the institution and who will be teaching each course in the major field or graduate program.

| Faculty Member Name and Title/Rank at Institution (include and identify Program Director) | Program Courses which may be Taught | Highest and Other Applicable Earned Degrees and Disciplines (include College/University) | Additional Qualifications: list related certifications/licenses; professional experience in field, scholarly contributions, other academic affiliations. |
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**Table 4: Faculty to be Hired**

* If faculty must be hired to teach in the proposed program, specify the title/rank of each new position, the number of new positions, full-time or part-time status, a listing of the expected course assignments for each position, and the expected hiring date.
* Position descriptions and/or announcements may also be submitted.
* Prior to offering the assigned courses, the Department must be notified that a faculty meeting the requirements has been hired.
* These proposed faculty should be reflected in Task 5, Table 4, New Resources

**Full-time Faculty**

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| --- | --- | --- | --- | --- |
| Title/Rank of Position | # of New Positions | Minimum Qualifications (including degree and discipline area) | Expected Course Assignments | Expected Hiring Date  (mm/dd/yyyy) |
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**Part-time Faculty**

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| --- | --- | --- | --- | --- |
| Title/Rank of Position | # of New Positions | Minimum Qualifications (including degree and discipline area) | Expected Course Assignments | Expected Hiring Date  (mm/dd/yyyy) |
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| **Task 5. Financial Resources and Instructional Facilities** |
| Guidance for this task can be found by clicking here: [Department Expectations: Financial Resources and Instructional Facilities](http://www.nysed.gov/college-university-evaluation/department-expectations-financial-resources-and-instructional)  Relevant Regulations for this task can be found by clicking here: [Relevant Regulations for Task 5](http://www.nysed.gov/common/nysed/files/core-regs-task5.docx) |
| 1. **Summarize** the instructional facilities and equipment committed to ensure the success of the program.   *Answer*: |
| **b)** Complete the new resources table (**Table 4**).  *Not Applicable:* |

**Table 5: New Resources**

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| List the costs of the **new** resources that will be engaged specifically as a result of the new program (e.g., a new faculty position or additional library resources). New resources for a given year should be carried over to the following year(s), with adjustments for inflation, if they represent a continuing cost. | | | |
| **New Expenditures** | **Year 1** | **Year 2** | **Year 3** |
| Personnel |  |  |  |
| Library |  |  |  |
| Equipment |  |  |  |
| Laboratories |  |  |  |
| Supplies & Expenses  (Other Than Personal Service) |  |  |  |
| Capital Expenditures |  |  |  |
| Other |  |  |  |
| **Total all** |  |  |  |

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| **Task 6. Library Resources** |
| Guidance for this task can be found by clicking here: [Department Expectations: Library Resources](http://www.nysed.gov/college-university-evaluation/department-expectations-library-resources)  Relevant regulations for this task can be found by clicking here: [Relevant Regulations for Task 6](https://govt.westlaw.com/nycrr/Document/Ieca63dd8c22111dd97adcd755bda2840?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)) |
| 1. **Summarize the analysis of library resources** ***for this program*** by the collection librarian and program faculty. Include an **assessment of existing library resources** and their accessibility to students.   *Answer*: |
| 1. **Describe the institution’s response to identified needs and its plan for library development**.   *Answer*: |

1. CUNY and SUNY institutions: contact System Administration for proposal submission process. [↑](#footnote-ref-1)