**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**

**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@mail.nysed.gov](mailto:OPPROGS@mail.nysed.gov).
* Use this form to request program changes that require approval by the State Education Department.[[1]](#footnote-1)
* For programs that are registered jointly with another institution, all participating institutions must confirm their support of the changes.2
* 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](http://www.highered.nysed.gov/ocue/aipr/documents/profsapp0912.doc) for the proposed program.

|  |  |  |
| --- | --- | --- |
| **Section I: General Information** | | |
| **Institution name and address** | *Additional information*:   * Specify campus where program is offered, if other than the main campus: | |
| **Identify the program you wish to change** | Program title:  [Award](http://www.highered.nysed.gov/ocue/lrp/chapter_i_of_title_8_of_the_offi.htm) (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 program as revised.* | Name and title:  Signature and date: | |
| If the program will be registered jointly[[2]](#footnote-2) 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:** | | |
| **Discontinuing a Program.** Indicate the effective date: [[3]](#footnote-3)  **Change in** **Program Title.** Indicate the proposed new title:  **Change in** **Program Award.** Indicate the proposed new award:**Note:** This may require altering the liberal arts and science content, as defined in Section 3.47(c)(1-4) of [**Regents Rules**](http://www.highered.nysed.gov/ocue/lrp/rules.htm).  [**Format**](http://www.highered.nysed.gov/ocue/aipr/guidance/gpr8.html) **Change(s).** Indicate the proposed new format(s):**Note**: if the change involves adding a **distance education format** to a registered program, please complete the [**distance education application**](http://www.highered.nysed.gov/ocue/aipr/HET-DE-final.docx).  **Curricular Change(s)**  **Other Change(s).** Please specify: | | |

|  |
| --- |
| **Section III: Describe the Proposed Changes.** |
| 1. **In a brief narrative explain the rationale for the changes.** |
| 1. **Describe the plan for implementing the proposed changes, including the effective date and the impact on the currently enrolled students.** |
| 1. **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](#Table2) to provide a sample program schedule to show the sequencing and scheduling of courses in the new format. |
| 1. **For Curricular Change(s),** 2. Use [Table 2](#SidebySide) to provide a side-by-side comparison of the existing and newly modified program plan as shown in the College’s Catalog. 3. 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. 4. 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)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Term: | | | Term: | | |
| **Course Number and Title** | **Credit** | **R/E\*** | **Course Number and Title** | **Credit** | **R/E\*** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Term Credit Total: |  |  |  |  |  |

\* Required or Elective

**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** | | | **New Program** | | |
| **Course Number and Title** | **Credit** | **R/E\*** | **Course Number and Title** | **Credit** | **R/E\*** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Term Credit Total: |  |  |  |  |  |

\* Required or Elective

***Submit the application electronically to*** [***OPPROGS@nysed.gov***](mailto:OPPROGS@nysed.gov)***. Please note: if it is determined to be necessary, a hard copy may be requested.***

1. **CUNY and SUNY** institutions: contact System Administration for guidance. [↑](#footnote-ref-1)
2. If the partner institution is non-degree-granting, see CEO Memo 94-04 at <http://www.highered.nysed.gov/ocue/documents/ceo94-04.pdf>. [↑](#footnote-ref-2)
3. If any students do not complete the program by the proposed termination date, the institution must request an extension of the registration period for the program or make other arrangements for those students. [↑](#footnote-ref-3)