|  |  |
| --- | --- |
| **SEDseal** | **THE STATE EDUCATION DEPARTMENT** / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234 |

###### Change or Adapt a Registered Program[[1]](#footnote-1)Leading to Pupil Personnel Titles

Use this form to request program changes that require approval by the State Education Department (see chart on the following page). For **programs that are registered jointly** with another institution, all participating institutions must confirm support for the changes.

|  |  |
| --- | --- |
| stop | This application should **NOT** be used for the following types of requests:* Proposals for new programs;
* Proposals leading to Initial and/or Professional School Counseling
* Proposals for changes to teacher or educational leader programs;
* Requests for changes to programs preparing Licensed [Professionals](http://www.op.nysed.gov/prof/); or
* Requests to add the Distance Education Format to a Registered Program

The application materials for those types of proposals can be found at: [http://www.highered.nysed.gov/ocue/aipr/register.html](http://www.nysed.gov/college-university-evaluation/state-teacher-educational-leader-or-pupil-personnel-services-program) |

**Directions for submission of request:**

1. Create a ***single*** PDF document that includes the following completed forms:

* This application
* Master Plan Amendment Supplement and Abstract (if applicable)
* External Review of Certain Degree Programs and Response (if applicable)
* Application to Add the Distance Education Format to a New or Registered Program, (if applicable). **Note:** If the only requested change is to add the distance education format to an existing registered program, institutions need only complete and submit the Application to Add the distance Education Format.

2. Create a separate PDF document for any required syllabi or CVs

3. Attach the PDF documents to an e-mail.

4. Send e-mail to **OCUEedapps@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, Request for Change, Master of Science, School Counseling

| **Changes and Adaptations Requiring State Education Department Approval** |
| --- |
| **Changes in Program Content** (all programs)1. *Any* of the following substantive changes:
* Cumulative change from the Department’s last approval of the registered program of one-third or more of the minimum credits required for the award (e.g., 10 credits in a master’s degree program)
* Changes in the program’s focus or design
* Adding or eliminating an option or concentration
* Eliminating a requirement for completion, including an internship, clinical, cooperative education, or other work-based experience
 |
| **Other Changes** (all programs)1. Program title(Access the unique Title Change Request Form [here](http://www.nysed.gov/college-university-evaluation/register-or-change-program)
2. Program award (e.g., change in degree)
3. Mode of delivery (**Note**: if the change involves adding a **distance education format** to a registered program, please complete the [Application to Add the Distance Education Format to a New or Registered Program](http://www.nysed.gov/college-university-evaluation/state-teacher-educational-leader-or-pupil-personnel-services-program).)
4. Discontinuing a program
5. A change in the total number of credits of any certificate or advanced certificate program
6. A format change that alters the program's financial aid eligibility (e.g., from full-time to part-time, or to an abbreviated or accelerated semester)
 |

**PLEASE NOTE:**

Establishing an existing program at a new location requires new registration of the program. If the requested action changes the program’s major disciplinary area, master plan amendmentmay be needed if the revised program represents the institution’s first program in that major subject area, at that degree level. If a requested **degree title** is not authorized for an institution chartered by the Board of Regents, charter amendment will be needed.

|  |  |
| --- | --- |
| **SEDseal** | NEW YORK STATE EDUCATION DEPARTMENTOffice of Higher Education—Office of College and University Evaluation89 Washington Avenue, Albany, NY 12234(518) 474-1551 Fax: (518) 486-2779[Office of College and University Evaluation](http://www.nysed.gov/college-university-evaluation)OCUERevAdmin@mail.nysed.gov |

|  |
| --- |
| Request to Change or Adapt a Registered Program |
| **Item** | **Response** *(type in the requested 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:[Degree/Award (See 3.50 Registered Degrees)](http://www.nysed.gov/college-university-evaluation/education-law-rules-and-regulations) (e.g., B.A., M.S.):Credits:[HEGIS code](http://www.nysed.gov/college-university-evaluation/new-york-state-taxonomy-academic-programs-hegis-codes):[Program code](http://www.nysed.gov/heds/IRPSL1.html): |
| **Contact person for this proposal** | Name and title: 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: |

* For **programs that are registered jointly** with another institution, all participating institutions must confirm their support of the changes.

|  |
| --- |
| **Check all changes that apply and describe all proposed changes.** |
| **Changes in Program Content**  |
| [ ]  Cumulative change from the Department’s last approval of the registered program that impacts one- third or more of the minimum credits required for the award (e.g., 10 credits in an master’s degree program)[ ]  Changes in a program’s focus or design [ ]  Adding or eliminating an option or concentration[ ]  Eliminating a requirement for program completion**If new courses are being added as part of the noted change(s)**, provide a syllabus for each new course and list the name, qualifications, and relevant experience of faculty teaching the course(s). Syllabi should include a course description and identify course credit, objectives, topics, student outcomes, texts/resources, and the basis for determining grades.**For the changes listed above complete the following;**1. **Graduate Program Schedule**
2. **Side by Side Chart**
3. **Faculty Chart**
 |
| **Other Changes in Program Content**  |
| [ ]  Program title[ ]  Program award[ ]  Mode of Delivery (**Note**: if the change involves adding a **distance education format** to a registered program, please complete the [Application to Add the Distance Education Format to a New or Registered Program](http://www.nysed.gov/college-university-evaluation/state-teacher-educational-leader-or-pupil-personnel-services-program).) [ ]  Discontinuing a Program: indicate the date by which the program will be discontinued[ ]  A change in the total number of credits of any certificate or advanced certificate program[ ]  Format Change (e.g. from full time to part-time, or to an abbreviated or accelerated semester)1. Indicate the proposed format
2. Describe the availability of courses and any change in faculty, resources, or support services
3. Complete the graduate program schedule chart
4. If there is a change in faculty complete the faculty chart
 |

|  |
| --- |
| **Describe Proposed Program Change(s):**       |

**Graduate Program Schedule Table**

|  |
| --- |
| * 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) |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
| Term credit total: |     |  | Term credit total: |     |  |
| **Term:** | **Term:** |
| **Course Number & Title** | Credits | New | Prerequisite(s) | **Course Number & Title** | Credits | New | Prerequisite(s) |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
| Term credit total: |     |  | Term credit total: |     |  |
| **Term:** | **Term:** |
| **Course Number & Title** | Credits | New | Prerequisite(s) | **Course Number & Title** | Credits | New | Prerequisite(s) |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
| Term credit total: |     |  | Term credit total: |     |  |
| **Term:** | **Term:** |
| **Course Number & Title** | Credits | New | Prerequisite(s) | **Course Number & Title** | Credits | New | Prerequisite(s) |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
|       |    | [ ]  |       |       |    | [ ]  |       |
| Term credit total: |     |  | Term credit total: |     |  |
| **Program Totals:** | **Credits:** |  |
| **New**: indicate if new course **Prerequisite(s)**: list prerequisite(s) for the noted courses |

|  |
| --- |
| **Complete this Task for the following changes:*** Change in Degree Award
* Change in the Total Number of Credits of any Certificate or Advanced Certificate Program
* Curricular Change of 1/3 or More of the Credits
 |
| **a)** Complete the Side-by-Side Comparison Chartof the existing and newly modified program. |

**Side by Side Comparison Chart**

| **Courses in Existing Program** | **Courses in the Newly Modified Program** |
| --- | --- |
| Course Number | Course Title | Course Credits | Course Number | Course Title | Course Credits |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

|  |
| --- |
| **Faculty Table** **Complete this Task for the following changes:*** Change in Delivery Mode
* Change in Format
* Curricular Change of 1/3 or More of the Credits
 |
| If the change impacts faculty who will be teaching courses as a result of the indicated change(s) or if new courses are being added complete the Full-Time Faculty Table, Part-Time Faculty Table, and/or Faculty to be Hired Table, as applicable for the new courses being added. If the proposed programs are to be offered at multiple campuses, please submit faculty tables for each campus.  |
| 1. Attach the individual faculty curricula vita for each new instructor indicated in the proposed program change. **To attach, follow instructions on the Task upload page**.
 |

**Full-Time Faculty Table**

**Note:** Faculty teaching at the graduate level must have an earned doctorate/terminal degree or demonstrate special competence in the field.

| **Faculty Member Name and Title** (include and identify **Program Director**) | **List All Earned Degrees & Disciplines** (include College/University). **Disciplines must be identified.** | **Additional Qualifications:** list related certifications/ licenses; professional experience; scholarly contributions, etc. | **Program Courses (Course Number and Title) Must be Listed**  | **Percent Time to Program** |
| --- | --- | --- | --- | --- |
| *Example:* *Jonathan Smith, Assistant Professor* *Program Director* | *Example:* *Ph.D. in Curriculum and Instruction, Syracuse University* *M.A. in Special Education, College of Saint Rose* *B.A. in English, University at Albany*  | *Example:* *Special Education N-12 certificate* *Smith, J. (2011) Teaching Students with Special Needs. Journal of Special Needs, 3 (6), 226-241.* | *Example:* *EDU 301: Teaching Students with Disabilities* | *Example:* *60%* |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**Part-Time Faculty Table**

**Note:** Faculty teaching at the graduate level must have an earned doctorate/terminal degree or demonstrate special competence in the field. Provide information on part-time faculty members who will be teaching each course in the major field or graduate program. The application addendum for professional licensure, teacher certification, or educational leadership certification programs may provide additional directions for those types of proposals.

| **Faculty Member Name and Title** (include and identify Program Director) | **List All Earned Degrees & Disciplines** (include College/University). **Disciplines must be identified.** | **Additional Qualifications:** list related certifications/ licenses; professional experience; scholarly contributions, etc. | **Program Courses (Course Number and Title) Must be Listed** |
| --- | --- | --- | --- |
| *Example:* *Jonathan Smith, Assistant Professor* *Program Director* | *Example:* *Ph.D. in Curriculum and Instruction, Syracuse University* *M.A. in Special Education, College of Saint Rose* *B.A. in English, University at Albany*  | *Example:* *Special Education N-12 certificate* *Teaching Students with Special Needs. Journal of Special Needs, vol. 3, no. 6, 226-241, 2011.* | *Example:* *EDU 301: Teaching Students with Disabilities* |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Faculty to be Hired Table**

|  |
| --- |
| If faculty must be hired, specify the number and title of new positions to be established and minimum qualifications. |
| **Title/Rank of Position** | **No. of New Positions** | **Minimum Qualifications** (including degree and discipline area) | **F/T or P/T** | **Percent Time to Program** | **Expected Course Assignments** | **Expected Hiring Date** |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |

1. **CUNY and SUNY** institutions: contact System Administration for Request for Change submission process. [↑](#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)