**Instructions:** Use this form to identify any changes to program content occurring during the five-year approval period for your approved program. In the space below, please document how to program of study is currently composed as well as how the program of study will be composed should the requested changes be approved. A copy of this form should accompany the signed amendment form that should be mailed to: New York State Education Department, Career and Technical Education Office, 89 Washington Avenue, Room 315 EB, Albany, NY 12234.

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| **A: Program Information** | | | | | | |
| School District or BOCES: | |  | | | | |
| Program Name: |  | | CIP Code: |  | SED Program Number: |  |
| Program Site(s): |  | | Beds Building Code(s): | |  | |

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| **D: Current Program Content** | | | | |
| Please use this space to document how the program of study currently exists: | | | | |
| Course Title | Number of Units | | Course SCED Code | |
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| Does this program of study offer integrated credit?  If applicable, check all that apply | ELA | Math | Science | Social Studies |
| Does this program of study offer specialized credit?  If applicable, check all that apply | ELA | Math | Science | Social Studies |

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| **Proposed Program of Study** | | | | |
| Course Title | Number of Units | | Course SCED Code | |
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| Will this program of study offer integrated credit?  If applicable, check all that apply | ELA | Math | Science | Social Studies |
| Will this program of study offer specialized credit?  If applicable, check all that apply | ELA | Math | Science | Social Studies |

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| **For programs delivered at BOCES, describe how these program updates will be communicated to component districts.** |
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