

State University of New York at New Paltz

Minor Graduate Program Revision Form

Contact the Associate Provost for Academic Planning & Learning Innovation before revising an existing graduate program.

SCHOOL: Liberal Arts & Sciences Education Interdisciplinary
 Fine & Performing Arts Business Science & Engineering

DEPARTMENT: _____

PROPOSER'S NAME: _____

NYSED Inventory of Registered Programs

PROGRAM CODE: _____	HEGIS CODE: _____	AWARD: _____
PROGRAM TITLE: _____		
CERTIFICATE/LICENSES: _____	DATE: _____	DATE: _____
_____	_____	_____

Indicate Revisions Below

For curricular changes, attach a current plan of study and a revised plan of study.

ADMISSION REQUIREMENTS: Changes below will be reflected in graduate catalog and promotional collateral. **PLAN OF STUDY:** Changes below will be reflected in the graduate catalog, online plan of study, and promotional collateral.

Add: new/additional requirements (e.g. GRE, etc.)

Replace: list old requirement and replacement

Remove: list requirements that should be removed

Add: list acceptable course substitutions for required courses

Replace: list old course and acceptable course

Remove: list courses to be removed

APPROVED:

Department Chair: _____ Date: _____

Academic Dean: _____ Date: _____

Associate Provost for APLI: _____ Date: _____

Provost/VP Academic Affairs: _____ Date: _____

ADMINISTRATIVE OFFICE USE ONLY

Effective Term: _____ Program Contact: _____

Program Code: _____ Major / Concentration: _____

Curricular Build Tracking: (dates notified/updated)

Program Director: _____ Catalog: _____ Progress Report: _____ Admissions: _____

PROGRAM

PROPOSED REVISIONS

APPROVALS

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Program Title

Percent Change

Rationale for Revision