



Program Revision Proposal: Changes to an Existing Program

Form 3A
Version 2016-10-13

SUNY approval and SED registration are required for many changes to registered programs. To request a change to a registered program leading to an undergraduate degree, a graduate degree, or a certificate that does not involve the creation of a new program,¹ a Chief Executive or Chief Academic Officer must submit a **signed cover letter and this completed form** to the SUNY Provost at program.review@suny.edu.

| Section 1. General Information | | | | | | | | | | | | | | | | | |
|--|--|--|-----------------------------------|----------------------------------|--------------|--|---|-----------------------------|---|------------------------------|---------|---------------------------------|--|---------------------------|-----------------|---|-----------------|
| a) Institutional Information | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 2px 5px;">Institution's 6-digit SED Code:</td> <td style="padding: 2px 5px;">236000</td> </tr> <tr> <td style="padding: 2px 5px;">Institution's Name:</td> <td style="padding: 2px 5px;">SUNY Potsdam</td> </tr> <tr> <td style="padding: 2px 5px;">Address:</td> <td style="padding: 2px 5px;"><i>State University of New York at Potsdam 44 Pierrepoint Ave Potsdam, NY 13676</i></td> </tr> </table> | Institution's 6-digit SED Code : | 236000 | Institution's Name: | SUNY Potsdam | Address: | <i>State University of New York at Potsdam 44 Pierrepoint Ave Potsdam, NY 13676</i> | | | | | | | | | | |
| Institution's 6-digit SED Code : | 236000 | | | | | | | | | | | | | | | | |
| Institution's Name: | SUNY Potsdam | | | | | | | | | | | | | | | | |
| Address: | <i>State University of New York at Potsdam 44 Pierrepoint Ave Potsdam, NY 13676</i> | | | | | | | | | | | | | | | | |
| b) Program Locations | <p>List each campus where the entire program will be offered (with each institutional or branch campus 6-digit SED Code): 236000</p> <p>List the name and address of off-campus locations (i.e., extension sites or extension centers) where courses will offered, or check here [<input type="checkbox"/>] if not applicable:</p> | | | | | | | | | | | | | | | | |
| c) Registered Program to be Changed | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 2px 5px;">Program Title:</td> <td style="padding: 2px 5px;">Educational Technology Specialist</td> </tr> <tr> <td style="padding: 2px 5px;">SED Program Code</td> <td style="padding: 2px 5px;">25166</td> </tr> <tr> <td style="padding: 2px 5px;">Award(s) (e.g., A.A., B.S.):</td> <td style="padding: 2px 5px;">MSEd</td> </tr> <tr> <td style="padding: 2px 5px;">Number of Required Credits:</td> <td style="padding: 2px 5px;">Minimum [36] If tracks or options, largest minimum []</td> </tr> <tr> <td style="padding: 2px 5px;">HEGIS Code:</td> <td style="padding: 2px 5px;">0899.02</td> </tr> <tr> <td style="padding: 2px 5px;">CIP 2010 Code:</td> <td style="padding: 2px 5px;"></td> </tr> <tr> <td style="padding: 2px 5px;">Effective Date of Change:</td> <td style="padding: 2px 5px;">August 15, 2018</td> </tr> <tr> <td style="padding: 2px 5px;">Effective Date of Completion²:</td> <td style="padding: 2px 5px;">August 15, 2020</td> </tr> </table> | Program Title: | Educational Technology Specialist | SED Program Code | 25166 | Award(s) (e.g., A.A., B.S.): | MSEd | Number of Required Credits: | Minimum [36] If tracks or options, largest minimum [] | HEGIS Code : | 0899.02 | CIP 2010 Code : | | Effective Date of Change: | August 15, 2018 | Effective Date of Completion ² : | August 15, 2020 |
| Program Title: | Educational Technology Specialist | | | | | | | | | | | | | | | | |
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| Effective Date of Completion ² : | August 15, 2020 | | | | | | | | | | | | | | | | |
| d) Campus Contact | <p>Name and title: Jill Pearson, Associate Provost Telephone and email: pearonjr@potsdam.edu; (315) 267-2079</p> | | | | | | | | | | | | | | | | |
| e) Chief Executive or Chief Academic Officer Approval | <p>Signature affirms that the proposal has met all applicable campus administrative and shared governance procedures for consultation, and the institution's commitment to support the proposed program. E-signatures are acceptable.</p> <p>Name and title: Dr. Kristen Esterberg, President and Chief Academic Officer Signature and date:</p> <div style="background-color: #d9e1f2; padding: 2px 5px;">If the program will be registered jointly³ with one or more other institutions, provide the following information for <u>each</u> institution:</div> <p>Partner institution's name and 6-digit SED Code:</p> <p>Name, title, and signature of partner institution's CEO (or append a signed letter indicating approval of this proposal):</p> | | | | | | | | | | | | | | | | |

¹ To propose changes that would create a new program, Form 3B, [Creating a New Program from Existing Program\(s\)](#), is required.

² If the current program(s) must remain registered until enrolled students have graduated, the anticipated effective date by which continuing students will have completed the current version of the program(s).

³ If the partner institution is non-degree-granting, see SED's [CEO Memo 94-04](#).

Section 2. Program Information

Section 2.1. Changes in Program Content

No changes in program content. *Proceed to Section 2.2.*

a) Check all that apply. Describe each proposed change and why it is proposed.

- Cumulative change from SED's last approval of the registered program of one-third or more of the minimum credits required for the award (e.g., 20 credits for associate degree programs, 40 credits for bachelor's degree programs)
- Changes in a program's focus or design
- Adding or eliminating one or more options, concentrations or tracks
- Eliminating a requirement for program completion (such as an internship, clinical placement, cooperative education, or other work or field-based experience). Adding such requirements must remain in compliance with SUNY credit cap limits.
- Altering the liberal arts and science content in a way that changes the degree classification of an undergraduate program, as defined in [Section 3.47\(c\)\(1-4\) of Regents Rules](#)

b) Provide a side-by-side comparison of all the courses in the existing and proposed revised program that clearly indicates all new or significantly revised courses, and other changes.

c) For each new or significantly revised course, provide a syllabus at the end of this form, and, on the **SUNY Faculty Table** provide the name, qualifications, and relevant experience of the faculty teaching each new or significantly revised course. NOTE: *Syllabi for all courses should be available upon request. Each syllabus should show that all work for credit is college level and of the appropriate rigor. Syllabi generally include a course description, prerequisites and corequisites, the number of lecture and/or other contact hours per week, credits allocated (consistent with [SUNY policy on credit/contact hours](#)), general course requirements, and expected student learning outcomes.*

d) What are the additional costs of the change, if any? If there are no anticipated costs, explain why.

Section 2.2. Other Changes

Check all that apply. Describe each proposed change and why it is proposed.

Program title

The title of the program will be changed from "Educational Technology Specialist" to "Instructional Design and Technology" to better reflect the content of the program, as well as to provide clarity and transparency to potential students and future employers. There will be no other changes to the program.

Program award

[Mode of delivery](#)

NOTES: (1) *If the change in delivery enables students to complete 50% or more of the program via distance education, submit a [Distance Education Format Proposal](#) as part of this proposal.* (2) *If the change involves adding an accelerated version of the program that impacts financial aid eligibility or licensure qualification, SED may register the version as a separate program.*

[Format change\(s\)](#) (e.g., from full-time to part-time), based on SED definitions, for the **entire** program

1) State proposed format(s) and consider the consequences for financial aid

2) Describe availability of courses and any change in faculty, resources, or support services.

A change in the total number of credits in a certificate or advanced certificate program

Any change to a registered licensure-qualifying program, or the addition of licensure qualification to an existing program. **Exception:** Small changes in the required number of credits in a licensure-qualifying program that do not involve a course or courses that satisfy one of the required content areas in the profession.

Section 3. Program Schedule and Curriculum

- a) For **undergraduate programs**, complete the *SUNY Undergraduate Program Schedule* to show the sequencing and scheduling of courses in the program. If the program has separate tracks or concentrations, complete a **Program Schedule** for each one.

NOTES: The *Undergraduate Schedule* must show **all curricular requirements** and demonstrate that the program conforms to SUNY's and SED's policies.

- It must show how a student can complete all program requirements within [SUNY credit limits](#), unless a longer period is selected as a format in Item 2.1(c): two years of full-time study (or the equivalent) and 64 credits for an associate degree, or four years of full-time study (or the equivalent) and 126 credits for a bachelor's degree. Bachelor's degree programs should have at least 45 credits of [upper division study](#), with 24 in the major.
- It must show how students in A.A., A.S. and bachelor's programs can complete, within the first two years of full-time study (or 60 credits), no fewer than 30 credits in [approved SUNY GER courses](#) in the categories of Basic Communication and Mathematics, and in at least 5 of the following 8 categories: Natural Science, Social Science, American History, Western Civilization, Other World Civilizations, Humanities, the Arts and Foreign Languages
- It must show how students can complete [Liberal Arts and Sciences \(LAS\) credits](#) appropriate for the degree.
- When a SUNY Transfer Path applies to the program, it must show how students can complete the number of SUNY Transfer Path courses shown in the [Transfer Path Requirement Summary](#) within the first two years of full-time study (or 60 credits), consistent with SUNY's [Student Seamless Transfer policy](#) and [MTP 2013-03](#).
- Requests for a program-level waiver of SUNY credit limits, SUNY GER and/or a SUNY Transfer Path require the campus to submit a [Waiver Request](#)—with compelling justification(s).

EXAMPLE FOR ONE TERM: Undergraduate Program Schedule

| Term 2: Fall 20xx | Credits per classification | | | | | New | Prerequisite(s) |
|-----------------------------------|----------------------------|-----|-----|-----|-------|-----|-----------------|
| Course Number & Title | Cr | GER | LAS | Maj | TPath | | |
| ACC 101 Principles of Accounting | 4 | | | 4 | 4 | | |
| MAT 111 College Mathematics | 3 | M | 3 | 3 | | | MAT 110 |
| CMP 101 Introduction to Computers | 3 | | | | | | |
| HUM 110 Speech | 3 | BC | 3 | | | X | |
| ENG 113 English 102 | 3 | BC | 3 | | | | |
| Term credit total: | 16 | 6 | 9 | 7 | 4 | | |

- b) For **graduate programs**, complete the *SUNY Graduate Program Schedule*. If the program has separate tracks or concentrations, complete a **Program Schedule** for each one.

NOTE: The *Graduate Schedule* must include all curriculum requirements and demonstrate that expectations from [Part 52.2\(c\)\(8\) through \(10\) of the Regulations of the Commissioner of Education](#) are met.

SUNY Graduate Program Schedule OPTION: *You can insert an Excel version of this schedule AFTER this line, and delete the rest of this page.)*

Program/Track Title and Award: _____

- a) Indicate **academic calendar** type: [] Semester [] Quarter [] Trimester [] Other (describe):
- b) **Label each term in sequence**, consistent with the institution's academic calendar (e.g., Fall 1, Spring 1, Fall 2)
- c) Use the table to show **how a typical student may progress through the program**; copy/expand the table as needed.
- d) Complete the last row to show program totals and comprehensive, culminating elements. **Complete all columns that apply to a course.**

| Term 1: | | | | Term 2: | | | |
|-----------------------|---------|----------------|--|-----------------------|---------|-----|------------------|
| Course Number & Title | Credits | New | Co/Prerequisites | Course Number & Title | Credits | New | Co/Prerequisites |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Term credit total: | | | | Term credit total: | | | |
| Term 3: | | | | Term 4: | | | |
| Course Number & Title | Credits | New | Co/Prerequisites | Course Number & Title | Credits | New | Co/Prerequisites |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Term credit total: | | | | Term credit total: | | | |
| Term 5: | | | | Term 6: | | | |
| Course Number & Title | Credits | New | Co/Prerequisites | Course Number & Title | Credits | New | Co/Prerequisites |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Term credit total: | | | | Term credit total: | | | |
| Term 7: | | | | Term 8: | | | |
| Course Number & Title | Credits | New | Co/Prerequisites | Course Number & Title | Credits | New | Co/Prerequisites |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| Term credit total: | | | | Term credit total: | | | |
| Program Total: | | Total Credits: | Identify the required comprehensive, culminating element(s), such as a thesis or examination, including course number(s), if applicable: | | | | |

New: X if new course **Prerequisite(s):** list prerequisite(s) for the listed courses

