**APPENDIX B**

## 

**UNDERGRADUATE PROGRAM PROPOSAL FORM**

Use this application for any new program that does not lead to licensure or preliminary or advanced study in one of the areas licensed by the State Education Department. *If the program would lead to certification as a classroom teacher*, use the “Application Form for Registration of a Teacher Education Program” *in addition to* this document. **Some new programs may also require master plan amendment (see Appendices G, K, and L).**

**1. Basic Information**

A. Name of Institution: SUNY Cobleskill of Agriculture and Technology at Cobleskill

Specify campus or other location where program will be offered, if other than the main campus:

1. President or Chief Academic Officer:

name and title

Signature: Date:

1. Contact person, if different:

name and title

Telephone: Fax:

E-mail:

1. Proposed program title:
2. Proposed degree or other award:
3. Proposed HEGIS Code:
4. If the program would be offered jointly with another institution, name the institution/branch below:

This program is not offered jointly with any other institution.

*If the other institution is degree- granting, attach a contract or letter of agreement signed by that institution's President or CEO. If it is non-degree granting, refer to SED Memorandum to Chief Executive Officers No. 94-04* (<http://www.highered.nysed.gov/ocue/ceo%20memorandum.htm>)**.**

H. If the program would lead to New York State teacher certification:

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| **List the intended certificate title(s):**  (e.g., “Childhood Education,” “Technology Education”) |  |
| **List the intended certificate type(s):**  (e.g., “Initial,” “Professional”) |  |

1. If the program leads to New York State professional licensure, please specify the licensure area.

1. If specialized accreditation will be sought:

Name the accrediting group: State Education Department

Indicate the expected accreditation date:

1. Will the program be offered off campus? (Y\N) No
2. If this program will be offered in a format other than the traditional classroom model, specify the format. State any other Special Characteristics
3. Explain any atypical schedule that may affect program financial aid eligibility.
4. Institutional Approval

1. Community college: Date of approval by the local board of trustees.

2. State-operated campus: Date of approval by campus governance body.

### 2. Program Summary

Provide information solicited A-E below. For each item use as much space as necessary to provide an appropriate answer (the cells will expand as necessary with the inserted text). Draft catalog copy, if available, may be a helpful way of providing much if not all of the solicited information, particularly with regard to items D & E. Please indicate if any of the solicited information is being provided in a separate attachment.

A. Mission.

1. Summarize the proposed program’s educational and career objectives and its relationship to the mission of the institution.

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2. If this is a new area of instruction and the basis for this was not discussed in the campus’ Mission Review Memorandum of Understanding, discuss the reasons why the proposal is now considered central to the institution’s ongoing development.

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B. Institutional Context.

1. Identify existing or projected programs of the campus in the same or related disciplines and the expected impact of the proposed program on them.

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2. Indicate whether this program replaces any existing program(s).

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3. Indicate whether it is entirely or primarily a restructuring of existing courses and resources.

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C. Learning Outcomes & Assessment.

1. Outline the programmatic goals and objectives for the program, including a list of the learning outcomes students should demonstrate upon completing the program.

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2. What is the date of the initial periodic assessment of program and the length of the assessment cycle (years).

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D. Admission Requirements.

1. What are the admission requirements for students in this program, including any special or optional admission requirements?

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2. Describe how these requirements are intended to assure that students are prepared to complete the program.

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E. Curriculum Outline.

1. Outline all curricular requirements for the proposed program, including prerequisite, core, specialization (track, concentration), capstone, and any other relevant component requirements

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**3. External Review**

Baccalaureate proposals and some others must include two external reviews of the proposed program conducted by recognized experts following the form in Appendix D (unless special arrangements are made for a waiver with the Program Review and Planning Group). List the names of the two reviewers and attach their review(s) along with the campus response to the review(s) or, if a waiver was approved, check the box and indicate the date the waiver was granted.

Reviewer #1

Reviewer #2

Check (type an ‘x’ between the brackets) if a waiver has been approved: []

Date of waiver:

**4. Enrollment**

What is the projected enrollment when the program begins? 85

What is the projected enrollment after five years?

How were these projections determined?

What planning has been made for the possibility that anticipated enrollment estimates are not achievable?

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**5. Impact of the New Program on the Service Area and Consultation with Other SUNY Institutions**

*A. Need:* Justify the need for the proposed program in terms of the clientele it will serve and the economic and/or educational needs of the area and of New York State. Describe how the level of need was established.

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| |  |  | | --- | --- | | Occupation | Total Openings (1997-2007) | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  |   The New York State Department of Labor predicts the following job openings for the Capital Region of New York State (encompassing Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Warren and Washington Counties):   |  |  | | --- | --- | | Occupation | Total Openings (1997-2007) | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  |   The New York State Department of Labor predicts the following job openings for the Mohawk Valley Region of New York State (encompassing Fulton, Herkimer, Madison, Montgomery, Oneida and Schoharie Counties):   |  |  | | --- | --- | | Occupation | Total Openings (1997-2007) | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

Clearly, a large market exists for the allied health professionals in the Service Region and in New York State. Students graduating from the program should be able to find meaningful employment in those fields. Additionally, educational and therapeutic employment opportunities are also evident.

*B. Employment:* For programs designed to prepare graduates for immediate employment, document the potential employers of graduates. Specify employers who have requested establishment of the program and describe their specific employment needs.

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|  | *Projected positions* | |
| Employer | In initial year | In fifth year |
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*C. Similar Colleges:* Identify similar programs at other institutions, public and independent, in the service area, region and state, as appropriate. Recent enrollment data for SUNY institutions is available from the Academic Programs Information System at <http://www.sysadm.suny.edu/APIS/main.cfm>.edu/APIS/main.cfm. Information for non-SUNY institutions is available from SED’s *Inventory of Registered Programs* at

<http://www.nysed.gov/heds/IRPSL1.html>.

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| Institution | Program Title | Degree | Enrollment |
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In the SUNY system, the following programs exist at 4-year colleges/universities:

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| Institution | Program Title | Degree | Enrollment |
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The following programs exist at private colleges/universities:

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| Institution | Program Title | Degree | Enrollment |
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*D. Collaboration:* Provide evidence of appropriate consultation with other SUNY campuses and summarize the results of the consultation. (Please do not attach copies of letters from sister institutions responding to the Program Announcement.)

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*E. Objections:* Explain the reasons for any objections from SUNY campuses as well as the resolution of discussions regarding perceived competition between campuses.

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*F. Transfer:* The University views as one of its highest priorities the facilitation of transfer for students from lower-division to upper-division study. For programs designed to facilitate transfer, supply information solicited in the appropriate table below and, in the case of A.A./A.S. programs, in Appendix G (see below).

*Associate Degrees:* Programs leading to the Associate in Arts or the Associate in Science degree must include documentation that program graduates will be able to transfer into at least two registered baccalaureate programs and complete them within two additional years of full-time study. Letters from the chief academic officers of two baccalaureate institutions attesting to the articulation of the proposed A.A. or A.S. must be included with the program proposal. **These letters must assert acceptance of the completed SUNY Transfer Course Equivalency Table, to be found in Appendix G.**

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| Institution | Baccalaureate program title | Degree |
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*Baccalaureate Degrees:* Proposals for baccalaureate programs that anticipate transfer student enrollment must include evidence of consultation with at least two appropriate two-year colleges to assure articulation with pertinent degree programs and completion within two additional years of full-time study.

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| Institution | Associate program title | Degree |
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**6. Curriculum Tables (See Program Proposal Directions for guidance—Handbook Section II. 6)**

**LOWER DIVISION**

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| **Course Offering** | **Course Number** | **Cr** | **GE** | **LA** | **M** | **RE** | **E** | **N/R** | **Instructor** | **Course Offering** | **Course Number** | **Cr** | **GE** | **LA** | **M** | **RE** | **E** | **N/R** | **Instructor** |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3 | 3 |  |  |  | Suttles, Josh |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 | 1 | 1 |  |  | PERS Staff |
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|  | **Total Credits** | **17** | **6** | **8** | **6** | **9** | **5** |  |  |  | **Total Credits** | **17** | **6** | **8** | **8** | **5** | **3** |  |  |

**UPPER DIVISION**

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| **Course Offering** | **Course Number** | **Cr** | **GE** | **LA** | **M** | **RE** | **E** | **N/R** | **Instructor** | **Course Offering** | **Course Number** | **Cr** | **GE** | **LA** | **M** | **RE** | **E** | **N/R** | **Instructor** |
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| **Course Offering** | **Course Number** | **Cr** | **GE** | **LA** | **M** | **RE** | **E** | **N/R** | **Instructor** | **Course Offering** | **Course Number** | **Cr** | **GE** | **LA** | **M** | **RE** | **E** | **N/R** | **Instructor** |
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**CREDIT SUMMARY**

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| General Education |  |
| Major |  |
| Required Electives |  |
| Electives |  |
| **Total** |  |

**7. Faculty**

List the name and qualifications of each faculty member who will teach required and/or elective courses *in the major*. **Indicate the academic leadership of the program by placing an asterisk next to the name of the director or chair.** For faculty who are not presently in place but who will be hired to teach in the program, indicate TBH (to be hired) in the *Name* column and the qualifications (rank, degree level, discipline, and, if appropriate, professional/occupational experience). Abbreviations: *Rank:* Professor = PROF, Associate Professor = ASSOC, Assistant Professor = ASSIST, Lecturer = LECT, Instructor = INST; In the left column of *Status:* Full-time = FT, Part-time (salaried appointment) = PT, Adjunct = ADJ, Other = OTH. In the right column of status state the percentage (as a fraction) of the faculty member’s workload that will take place as teaching, supervision, or advising in this program: 1.0, 0.5, etc.For any unusual case—or if this format does not shed light on the situation—attach an explanation.

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| **Faculty** | | | | | **Education** | | | **Experience** |
| *Name* | *Rank* | *Status* | | *Department* | *Highest Degree* | *Institution* | *Discipline* | *Professional/Occupational* |
| *FT/PT* | *%* |
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8. Resources

Document the projected cost of the program and identify the source of the funds.

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| Expenditures J | | Start-up | When the program begins | After five years |
| Personnel | *Reallocation* |  |  |  |
| *New funds* |  |  |  |
| Library | *Reallocation* |  |  |  |
| *New funds* |  |  |  |
| Equipment | *Reallocation* |  |  |  |
| *New funds* |  |  |  |
| Laboratories | *Reallocation* |  |  |  |
| *New funds* |  |  |  |
| Supplies & Expenses (OTPS) | *Reallocation* |  |  |  |
| *New funds* |  |  |  |
| Capital Expenditures | *Reallocation* |  |  |  |
| *New funds* |  |  |  |
| Other | *Reallocation* |  |  |  |
| *New funds* |  |  |  |
| Grand Total | |  |  |  |

## Please provide further information about the library holdings that will serve this new program, **including the campus’s implementation of SUNY***Connect,* **the SUNY-wide electronic library initiative**. What is the extent of the current holdings in the discipline area? What are the plans, including timetable, for the acquisition of additional holdings? Please comment on access to these materials.

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