STATE UNIVERSITY OF NEW YORK

COLLEGE OF TECHNOLOGY AT CANTON



MICROCREDENTIAL COVER SHEET / CHANGE FORM

PART I: Please indicate Proposal or Changes:

[ ]  New Proposal

[ ]  Revisions to Existing Microcredential (please explain):

[ ]  Deletion of Microcredential

 1. Title of Microcredential:

 2. Initiated By (faculty member name):

 3. School or Department Proposing Microcredential:

 4. Proposed Implementation Date:

 5. Department Approval:       Date:

 (*Department Chair Signature*)

 2nd Department Approval:       Date:

 (*if proposed course offerings (Department Chair Signature)*

 *involve another department*)

A. Approval by the School Dean:       Date:

 (*Dean Signature*)

B. Consultation with all other Schools:       Date:

 (*Dean Signature*)

       Date:

 (*Dean Signature*)

C. Curriculum Committee Recommendation:       Date:

 (*Curriculum Committee Chair Signature -Transmitted to Faculty Affairs Committee or returned to School Dean*)

D. Faculty Affairs Chair:       Date:

 *(Faculty Affairs Chair Signature - Transmitted to Faculty Assembly for Action or Returned to Committee*)

E. Presiding Officer:       Date:

 (*Presiding Officer Signature - Transmitted to Vice President for Academic Affairs or Returned to Committee*)

F. Vice President for Academic Affairs:       Date:

 (*Provost’s Signature – Transmitted to President*)

G. President:       Date:

 (*President’s Office will notify the campus community*)

Microcredential Proposal must be submitted to the School Dean by November 15 and to the Committee by December 1 for fall semester implementation; and to the School Dean by April 15 and to the Committee by May 1 for spring semester implementation.

Must be submitted with Microcredential Proposal Form.