FORM 5
ALTERATION OF AN EXISTING PROGRAM

Please consult the Curriculum Change Guide prior to completing this form.
Upon completion, submit to your department curriculum committee chair.
If you need assistance, please contact the Academic Affairs Office at ext. 2206.

Signature and Routing

All signatures contained herein indicate recommendation of the program alteration being proposed. This program may not move forward until approval is received by SUNY System and the State Education Department (when appropriate).

REQUIRED SIGNATURES: **DATE**

Department Curriculum Committee Chair: _____ _____

Department Chair/Coordinator: _____ _____

School Curriculum Committee Chair: _____ _____

School Dean: _____ _____

CCRC Chair (if undergraduate): _____ _____

GFEC Chair (if graduate): _____ _____

TEC Curriculum Chair (if applicable): _____ _____

Provost: _____ _____

Please complete all fields within this document and attached documents as required.
Any new course proposals, or alteration/deletion of an existing course associated with this program alteration must accompany this form.

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Please attach a side-by-side listing of the current program (on the left) and the proposed program (on the right). ***Bold*** and ***italicize*** all changes.

Department: _____

Program Title: _____

1. Explanation for your program alteration(s):
   (Provide summary of proposed changes and justification for each change. Attach additional sheets if needed)

2. Have all departments that provide courses to this program been notified of the alteration(s) of this program? ☐ Yes ☐ No

   If yes, attach comments by these departments regarding the impact, if any, to this program alteration.

3. Is this program alteration part of a teacher education program? ☐ Yes ☐ No