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| **TITLE CHANGE REQUEST FORM FOR REGISTERED PROGRAMS** |
| **OFFICE OF COLLEGE AND UNIVERSITY EVALUATION**  **OFFICE OF THE PROFESSIONS** |
| **IMPORTANT INFORMATION** |
| * This form should be used to request **ONLY a title change for a registered program**. |
| * **DO NOT** use this form to request a title change **in addition to any other program changes** as specified on OCUE’s and OP’s program change forms, which are available on the SED website. Website link: <http://www.nysed.gov/college-university-evaluation/register-or-change-program> |
| * Submit this form to the Office of College and University Evaluation (OCUE) or the Office of the Professions (OP) depending on which office registered the program. The **UNIT CODE** field on the program’s listing in the Inventory of Registered Programs identifies the office that registered the program (e.g., OCUE or OP). Website link: <http://www.nysed.gov/heds/IRPSL1.html> |
| * If the requested title change is for a multiple-institution (jointly-registered) program, all participating institutions must sign the **Institution Approval** section of this form. |
| * The Department reserves the right to request additional information and/or clarification of any information provided by the institution on this form. |
| **SUBMISSION INSTRUCTIONS** |
| 1. Complete this form in its entirety. ***NOTE: Incomplete forms will be returned.*** |
| 1. Submit a PDF of the completed form via e-mail to either [OCUERevAdmin@nysed.gov](mailto:OCUERevAdmin@nysed.gov) or [OPPROGS@nysed.gov](mailto:OPPROGS@nysed.gov), as applicable, with the subject line: “*Title Change, Institution, Award, Program*” (e.g., SUBJECT: Title Change, XYZ College, MA, English) ***NOTE: Title change requests submitted on this form will be accepted in electronic PDF format only.*** |
| *NOTE: All requests for program discontinuances and program changes for SUNY and CUNY institutions must be submitted through the applicable System Administration* |

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| 1. **INSTITUTION INFORMATION** | | |
| Institution Name: | | |
| SED Institution ID: | | |
| 1. **CURRENT PROGRAM REGISTRATION INFORMATION** | | |
| Current Title of Registered Program: | | |
| SED Program Code: | | |
| Unit Code:  *NOTE: This field identifies the office that registered the program (e.g., OCUE or OP). To help expedite this request, please use the appropriate unit code and submit the form to that office.* | | |
| HEGIS Code: | | |
| Award (*e.g. Bachelor of Arts, Advanced Certificate, etc.*): | | |
| Total Credits for Award: | | |
| Current Catalog Description of Registered Program: | | |
| 1. **PROPOSED PROGRAM REGISTRATION INFORMATION** | | |
| Proposed Title of Registered Program: | | |
| Rationale for Proposed Title: (*i.e., demonstrate alignment between proposed title and program course content*) | | |
| 1. **Is aPLACEHOLDER needed for the proposed program title change?** | | |
| **<SELECT YES/NO>** If **YES**, provide a Discontinue Date for the Placeholder (MM/YYYY) – **<ENTER DATE>** | | |
| 1. **Is the proposed program title change for a MULTIPLE-INSTITUTION program?** | | |
| **<SELECT YES/NO>** If **YES**, the Partner Institution must sign the Institution Approval section of this form. | | |
| 1. **Is the proposed program title change also for programs currently registered at BRANCH CAMPUS locations?** | | |
| **<SELECT YES/NO>** If **YES**, identify the following information for each branch campus location: | | |
| SED Institution ID: | SED Program Code: | Discontinue Date for the Placeholder (MM/YYYY): |
|  |  | **<ENTER DATE>** |

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| **INSTITUTION APPROVAL** | |
| **On behalf of the institution, I hereby attest that the proposed title of the registered program accurately reflects and aligns with the registered program’s course content and does not impact the program’s alignment with institutional goals and objectives and its ability to meet all statutory and regulatory requirements, including but not limited to Parts 50, 52, 53 and 54 of the Regulations of the Commissioner of Education.** | |
| Name and Title of President or Chief Executive Officer: | |
| Email Address: | Phone Number: |
| Signature: (REQUIRED) **<ENTER SIGNATURE>** | Date: (REQUIRED) **<SELECT DATE>** |
| **The partner institution must confirm support of the proposed program title change.** | |
| Partner Institution Name: | |
| Name and Title of President or Chief Executive Officer of the Partner Institution: | |
| Email Address: | Phone Number: |
| Signature: (REQUIRED) **<ENTER SIGNATURE>** | Date: (REQUIRED) **<SELECT DATE>** |