**SUNY Broome Community College**

**Revisions to a Credit Microcredential**

**Proposal Form**

A credit-bearing microcredential must map toward a certificate and/or degree program at SUNY Broome Community College.

Per SUNY guidelines, SUNY Broome credit microcredentials must be at least two classes (6 credits) and cannot exceed 15 credits.

1. Current name of microcredential:
2. Proposer:
3. Department:

| *Approvals* | *Yes* | *No* |
| --- | --- | --- |
| **Department**(Chair signs for Department) | Date |  |  |
| Comments: |
| **Departmental Chairperson** | Date |  |  |
| Comments: |
| **Division**(Dean signs for Division) | Date |  |  |
| Comments: |
| **Dean** | Date |  |  |
| Comments: |
| **Registrar** | Date |  |  |
| Comments: |
| **Curriculum Committee**(Chair signs for Committee) | Date |  |  |
| Comments: |
| **VPAA** | Date |  |  |
| Comments: |

1. Briefly describe summary of proposed change to the existing microcredential:
2. Rationale for change:

Why is this revision needed? (Curriculum changes may be needed due to: updated employer needs, responding to student interest or needs, changes in accreditation requirements, response to data collected through program review, changes in quality standards, review of comparative market information, etc.)

1. What changes are being proposed? Explanations will be requested below.

|  |  |  |
| --- | --- | --- |
|  | **Question to answer** | **Type of requested change** |
| \_\_ Yes\_\_ No | 7 | Microcredential name change |
| \_\_ Yes\_\_ No | 8 | Substantive change of description |
| \_\_ Yes\_\_ No | 9 | Change in microcredentials requirements for completion, including assessment changes |
| \_\_ Yes\_\_ No | 10 | Change in learning outcomes |
| \_\_ Yes\_\_ No | 11 | Change in stacking |

**Only complete the sections below that relate to your changes. The following information will appear on badge information and meta-data and used for marketing purposes.**

1. Proposed Name Change (30-character limit)

|  |  |
| --- | --- |
| Current: | Revised: |
|  |  |

1. Updated description of microcredential (100-word limit):

|  |  |
| --- | --- |
| Current: | Revised: |
|  |  |

1. Courses/requirements for completion.

Current

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subject Code & Course Number or Activity type | Course Title or Activity | Department | # Credits | Assessment |
| *ex: MET 112* | *ex: Metrology* | *ex: Mechanical Engineering Technologies* | *ex: 3* | *ex: C or higher* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 **Total Credit Hours:**

Revised

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subject Code & Course Number or Activity type | Course Title or Activity | Department | # Credits | Assessment |
| *ex: MET 112* | *ex: Metrology* | *ex: Mechanical Engineering Technologies* | *ex: 3* | *ex: C or higher* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Total Credit Hours:**

1. Microcredential Learning Outcomes (Write one or more assessable learning outcomes from the included activities):

|  |  |
| --- | --- |
| Current: | Revised: |
|  |  |

1. Stacking (microcredentials must stack into an existing SUNY Broome microcredential, certificate or degree):

Current:

|  |  |  |
| --- | --- | --- |
| This microcredential stacks into existing SUNY Broome… | Yes or No | If yes, which course/program(s) |
| Microcredential(s) | \_\_ Yes \_\_No  |  |
| Certificate Program(s) |  \_\_Yes \_\_\_No  |  |
| Degree Program(s) |  \_\_Yes\_\_\_No  |  |

* 1. Does this microcredential use courses from another department?

\_\_\_ Yes \_\_\_ No

* + 1. If yes, which department?
		2. Have they been notified? \_\_\_Yes \_\_\_ No

Revised:

|  |  |  |
| --- | --- | --- |
| This microcredential stacks into existing SUNY Broome… | Yes or No | If yes, which course/program(s) |
| Microcredential(s) | \_\_ Yes \_\_No  |  |
| Certificate Program(s) |  \_\_Yes \_\_\_No  |  |
| Degree Program(s) |  \_\_Yes\_\_\_No  |  |

* 1. Does this microcredential use courses from another department?

\_\_\_ Yes \_\_\_ No

* + 1. If yes, which department?
		2. Have they been notified? \_\_\_Yes \_\_\_ No