



ESF Curriculum Proposal Form

Committee on Curriculum - ESF Faculty Governance
Office of Instruction & Graduate Studies

Date: 2/28/2024
Department: Environmental Biology
Curriculum Title: Plant Science Minor

For Minor Changes in existing curriculum (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> revised courses | <input type="checkbox"/> change in total cr. hrs. |
| <input type="checkbox"/> new course sequence | <input type="checkbox"/> new program objectives* |
| <input type="checkbox"/> new courses added | <input type="checkbox"/> new accreditation/assessment requirements |

*See SUNY Guidelines

1. Rationale for Change

Please provide an explanatory narrative outlining the rationale for the change, and the impacts of this change on the learning outcomes of the curriculum:

SUNY ESF currently offers a wide diversity of botany and plant science courses. The creation of a minor in Botany and Plant Ecology will guide students on how best to academically focus to ensure a broad understanding of this field. It will also allow students to highlight their focus on their transcripts. The minor is intended to give students a broad perspective on the biology and ecology of plants. Through required coursework on diversity, evolution, and biology of plants, all students will have a foundational knowledge that is further developed through directed electives in Diversity, Ecology, Plant Sciences, and/or Plant Cultivation/Management.

2. Institutional Impact:

Changes from existing condition:

Anticipated Enrollment or Enrollment Change: 15

Faculty or Staffing Requirements: None

Technology, Computing Resources, and Classroom Resource Demands: None

Change in Accreditation Requirements: None

Changes to Assessment Plan: None

Library Resource Requirements: None

3. Catalog Narrative:

Please attach to this proposal form a copy of the current catalog description in MS Word format, with revisions shown in "track changes".

Attached

4. Curriculum Transition Plan:

Please provide a narrative description of your plan for transitioning from your existing curriculum to the proposed new curriculum. Please provide specific dates for implementing curriculum changes, overlap periods where old and new curricula may exist simultaneously, and final phase out of old curricula. Please also include impacts and mitigating considerations for transfer students and students in mid-program during implementation, impacts of changes in semester delivery of existing courses, addition of new courses within a particular semester, etc.

The minor would be open to all students who have the prerequisite courses and GPA requirement.

5. Approval Signatures:

Signatures below, or attached letters, indicate that the affected departments, programs or units have been notified of this proposal and have had an opportunity to assess the impact of the proposal on their respective units. If departments did not respond to your notification, you may wish to document your effort to contact them.

Affected Academic Department(s) or Program(s):

Environmental Biology
Department/Program 1

Stephen Teale
Name of Chair/Program Director

Chair Signature

Date

Or letter attached

Department/Program 2

Name of Chair/Program Director

Chair Signature

Date

Or letter attached

Department/Program 3

Name of Chair/Program Director

Chair Signature

Date

Or letter attached

[If more/ess than three Departments/Programs, please add/delete lines as appropriate.]

Other Units

Or letter attached

Library Director

Date

Computing and Network Services

Date

Or letter attached

Physical Plant

Date

Or letter attached

Forest Properties

Date

Or letter attached

Environmental Health and Safety

Date

Or letter attached

Admissions

Date

Or letter attached

Other _____

Date

Or letter attached

Other _____

Date

Or letter attached

Office of the Provost

Signature below, or attached letter, indicates that the Provost either a) agrees that that there is no need for additional resources from the College; or b) indicates willingness to provide the extra support to the department.

Provost Signature

Date

Or letter attached

6. Proposer Information and Department Chair Affirmation:

Contact Person:

Name: _____ Department: _____

Email: _____ Phone: _____

This proposal has been reviewed and approved by the sponsoring Department. Affected departments have been notified and given the opportunity to provide feedback. Department resources are or will be made available to support this curriculum revision, or a plan is in place to meet the resource needs as identified in the Institutional Impacts section of this proposal (see Section 2, above) .

Name: _____ Date: _____
Department Chair (or designated curriculum representative)

Signature: _____ Or letter attached
Department Chair (or designated curriculum representative)

7. Final Approvals:

Curriculum Committee

Date

Faculty Governance

Date

Provost

Date