ESF Minor Curriculum Change Proposal Form

Committee on Curriculum - ESF Faculty Governance

Office of Instruction & Graduate Studies

**Date: 01/10/25**

**Department: SRM**

**Curriculum Title: Minor in Construction Management**

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

[x]   revised courses

[ ]  new course sequence

[ ]  new courses added

[ ]  change in total cr. hrs.

[ ]  new program objectives\*

[ ]  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:

 The current information in the college catalog about the Construction Management minor is incorrect and needs to be updated. Current catalog description with track changes of edits is enclosed below.

**2. Institutional Impact:**

 **Changes from existing condition**:

Anticipated Enrollment or Enrollment Change:  0

Faculty or Staffing Requirements:  0

Technology, Computing Resources, and Classroom Resource Demands:  NA

Change in Accreditation Requirements:  NA

Changes to Assessment Plan:  NA

Library Resource Requirements:  NA

**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”.

**Construction Management Minor**

**Coordinator: Dr. Endong Wang**

The construction management minor is available to all ESF undergraduates (except students in construction management) and prepares students for management careers in the construction industry. Admission to the minor requires sophomore status, with a cumulative grade point average of 2.70 or higher.

Eighteen credit hours (6 courses) are required to complete the minor. Four courses are specified, with an additional two courses selected from the list of four courses given below. A cumulative grade point average of 2.000 or higher is required for the construction management courses.

**Specified Courses**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Number** | **Course** | **Codes \*** | **Credits** |
| CME 255 | Plan Interpn&Quantity Takeoff |   | 3 |
| CME 343 | Construction Estimating  |   | 3  |
| CME 453 | Construct Plan/Scheduling |   | 3 |
| CME 454 | Construction Project Mgt |   | 3 |

**Two additional courses are chosen from the following**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Number** | **Course** | **Codes \*** | **Credits** |
| CME 331 | Construction Safety |   | 3 |
| CME 335 | Cost Engineering |   | 3 |
| CME 444 | Materials Marketing |   | 3 |
| CME 455 | Construct Contracts/Specs |   | 3 |

**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.

 No transition plan is necessary as this is just a correction to the information in the college catalog.

**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):**

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Program 1 Name of Chair/Program Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Or letter attached [ ]

Chair Signature Date

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Program 2 Name of Chair/Program Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Or letter attached [ ]

Chair Signature Date

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Program 3 Name of Chair/Program Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Or letter attached [ ]

Chair Signature Date

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

**Other Units**

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_ Or letter attached [ ]

Library Director Date

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_ Or letter attached [ ]

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 [ ]

Otjer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

**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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Or letter attached [ ] Provost Signature Date

**6. Proposer Information and Department Chair Affirmation:**

Contact Person:

Name: Eddie Bevilacqua\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:SRM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: ebevilacqua@esf.edu\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:x6697\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: Chris Nowak\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:     \_\_\_\_\_\_

Department Chair (or designated curriculum representative)

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Or letter attached [x]

Department Chair (or designated curriculum representative)

**7. Final Approvals:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Curriculum Committee Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Governance Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provost Date**