Date: 19 April 2021
Department: Environmental Science
Curriculum Title: Environmental Health

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

☐ revised courses  ☐ change in total cr. hrs.
☐ new course sequence  ☐ new program objectives*
☒ new courses added  ☐ 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 change is to add a new focus area to the program, Public Health. This is an area that has been long requested by the students, and it is believed to be highly topical due to the covid-19 issues that we are dealing with on a local to global scale.

2. Institutional Impact:

Changes from existing condition:

Anticipated Enrollment or Enrollment Change: We hope that this will increase interest in the major, with an addition of 2-5 students per year

Faculty or Staffing Requirements: NA

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”.
There will be no changes in the catalog description of the major

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.

There will be no transition plan required as these are all elective courses

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

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/less than three Departments/Programs, please add/delete lines as appropriate.

Other Units

Library Director

Date

Or letter attached □

Computing and Network Services

Date

Or letter attached □
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**Office of the Provost**

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

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<tr>
<th>Provost Signature</th>
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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:

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<td>Curriculum Committee</td>
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<td>Faculty Governance</td>
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