ESF Signature Form for New Curriculum or Major Curriculum Revision (including New-from-Existing Curriculum)

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

This form should be used if you are proposing a new curriculum or a major curriculum change required to be submitted to SUNY and the New York State Education Department (see the flowchart link on http://www.esf.edu/coc/ccc.htm for guidance as to whether a curriculum revision is major and is required to be submitted to SUNY. All new curricula, or new-from-existing curricula, are required to be submitted to SUNY). Please obtain the appropriate signatures in Section 1 below (if appropriate), and document your efforts to obtain these signatures, if they are not forthcoming. Signatures in Sections 2 (Provost resource statement) and 3 (Chair affirmation) are required before submission of the documentation to the Committee on Curriculum. Signatures for Section 4 will be obtained by the Committee on Curriculum. Please submit this document, along with the completed SUNY forms for New Curriculum/Revised Curriculum (see flowchart and related documents, above) to the Committee on Curriculum at curriculum@esf.edu or faculty and Committee review and, ultimately, Faculty Governance approval.

Date: October 4, 2017
Department: Environmental Resources Engineering
Curriculum Title: Master of Engineering in Environmental Resources Engineering

1. Approval Signatures (where appropriate):

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):

<table>
<thead>
<tr>
<th>Division of Engineering</th>
<th>Dr. Gary Scott</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department/Program 1</td>
<td>Name of Chair/Program Director</td>
</tr>
<tr>
<td>Signed (paper copy in campus mail)</td>
<td>10/23/17</td>
</tr>
<tr>
<td>Chair Signature</td>
<td></td>
</tr>
<tr>
<td>Date</td>
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<tr>
<th>Forestry and Natural Resources Management</th>
<th>Dr. David Newman</th>
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<tr>
<td>Department/Program 2</td>
<td>Name of Chair/Program Director</td>
</tr>
<tr>
<td>Signed (paper copy in campus mail)</td>
<td>10/23/17</td>
</tr>
<tr>
<td>Chair Signature</td>
<td></td>
</tr>
</tbody>
</table>
Department/Program 3
Name of Chair/Program Director

Chair Signature
Date

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

Other Units

N/A
Library Director

Date

Or letter attached ☐

N/A
Computing and Network Services

Date

Or letter attached ☐

N/A
Physical Plant

Date

Or letter attached ☐

N/A
Forest Properties

Date

Or letter attached ☐

N/A
Environmental Health and Safety

Date

Or letter attached ☐

N/A
Admissions

Date

Or letter attached ☐

Other

Date

Or letter attached ☐

Other

Date

Or letter attached ☐
2. Office of the Provost (required):

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.

____________________________________________________  ________________  Or letter attached □
Provost Signature  Date

3. Proposer Information and Department Chair Affirmation (required):

Contact Person:
Name: Dr. Theodore Endreny  Department: Environmental Resources Engineering
Email: te@esf.edu  Phone: 315-470-6565

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: Dr. Giorgos Mountrakis | Theodore Endreny  Date: __________
Department Chair (or designated curriculum representative)

Signed (paper copy in campus mail)
Signature: __________________________________________________________  Or letter attached □
Department Chair (or designated curriculum representative)
4. Final Approvals:

__________________________________________________  _______________________
Curriculum Committee  Date

__________________________________________________  _______________________
Faculty Governance  Date

__________________________________________________  _______________________
Provost  Date