

Micro-Credential Program Revision Form

Approval Process: Respond to all questions below and submit this form with any supplementary materials to micro@buffalo.edu. Your proposal will be reviewed by the Micro-Credential Review Committee within three weeks. Revisions may be subject to approval by the Associate Deans (Undergraduate or Graduate) Council for institutional approval.

Section 1. General Information

a) Information about the micro-credential being revised.

Date:

Title of Micro-credential:

b) Department or Unit

c) Contact

Name:

Title:

Phone:

Email:

Section 2. Changes Being Proposed to Program

Requires All Levels of Approval (Select all that apply).

- | | |
|---|---|
| <input type="checkbox"/> Title of Micro-Credential | <input type="checkbox"/> Pause Program (limit 2 years with plan to restart) |
| <input type="checkbox"/> Add/Edit Required Courses | <input type="checkbox"/> Restart Paused Program |
| <input type="checkbox"/> Intended Audience* (addition of different level) | <input type="checkbox"/> Deactivate Program Permanently |
| <input type="checkbox"/> Name of Badge(s) | |
| <input type="checkbox"/> Add New Badges* | |
| <input type="checkbox"/> Remove Existing Badges | |

*Requires a Badge Overview Form

Requires Department and Unit-Level Approval (Select all that apply).

- | | |
|---|--|
| <input type="checkbox"/> Program Requirements (e.g., assessments, evidence) | <input type="checkbox"/> Program Description |
| <input type="checkbox"/> Instructional Method (In Person/Hybrid/Online) | <input type="checkbox"/> Other: _____ |

Section 3. Describe the Proposed Revision

Section 4. Provide Rationale for Proposing this Revision

Section 5. Additional Information

1. Will the proposed changes impact currently enrolled students? If so, please explain.
2. Which future semester should the changes go into effect?

Section 6. Approval

Micro-credentials program revisions become effective when approved by the appropriate authority.

Chair/ Program Director:

Name	Signature	Date
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Associate Dean for Academic Affairs/Unit Head:

Name	Signature	Date
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Please forward the completed form to micro@buffalo.edu.

If necessary, your proposal will be forwarded to either the dean of undergraduate education or the dean of the Graduate School for signature and final approval, as outlined in section 2.

Director, Office of Micro-Credentials:

Name	Signature	Date
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Dean UGE or Dean Grad:

Name	Signature	Date
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