**SAM HOUSTON STATE UNIVERSITY
NEW MINOR REQUEST FORM**

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| **Directions:** The **New** **Minor Request** form is to be used to propose an undergraduate minor (**Note:**  All course curriculum must be part of the THECB approved SHSU course inventory prior to an approved minor being added to the catalog or Degree Works).**Before completing this form**, please submit a [Program Analytics Request](https://shsu.co1.qualtrics.com/jfe/form/SV_cIK2OfvaXYoAZzU) to notify the Office of Academic Planning and Program Development. **Assistance:** Contact the Office of Academic Planning and Program Development at (936) 294-2291.**University Curriculum Committee**: [Belonging Resources Statement](#Check1" \o " The pursuits of excellent teaching and fostering a campus environment that welcomes a wide range of perspectives are intertwined and integral to achieving Sam Houston State University’s mission of providing high-quality education, scholarship, and service for our regional, state, national, and international constituencies. Diversified curriculum helps to ensure that every student and faculty member has a chance to reach their full professional potential and be a fully enfranchised member of the university community. Faculty seeking to develop new courses and curriculum initiatives are encouraged to consider their diverse audiences and to visit the UCC website for curricular design recommendations, suggestions, and examples.)*\* Asterisk denotes headers with directional information* |

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| **Administrative Information**(Completed by Program Analytics) |
| **1. \***[**Minor Title**](#_1._Program_Name:)**:**  |
| **2. \***[**Number of Required Semester Credit Hours (SCH):**](#_3.__Number) |
| **3. \***[**Administrative Unit:**](#_4.__Administrative) |
| **4. \***[**Location and Mode of Delivery**](#_4._*Location_and)**:** Choose an item. |
| **5. \***[**Proposed Implementation Date:**](#_6.__Proposed)Choose an item.Choose an item. |
| **6. \***[**Contact Person**](#_7.__Contact)**(s):** Name: Title: E-mail: Phone:Name: Title: E-mail: Phone: |
| **7. \***[**Administrative Notes**](#_7.__Contact)**:**  |

 **I. Need:**

1. **\***[**Certificate Companion Program**](#Additional)**:** *Please select the appropriate selection below.*

[ ]  A companion program (Enter companion program name here) **exists** within the SHSU Catalog.

*Please note that a companion program must have an identical curriculum within 3 SCH. If a companion program is identified, this form is exempt from UCC review.*

[ ]  A companion program **does not** exist within the SHSU Catalog.

1. **Required Appendix: Program Analytics Summary** (Completed by Program Analytics)

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| **Program Analytics Request Submission Date:** Click or tap here to enter text.**Program Analytics Summary Completion Date:**Click or tap here to enter text.**Program Analytics Evaluation:** Click or tap here to enter text. |

**II. Additional Justification (Optional):**

**A.**  [**\*Additional Justification for Job Market Need (Optional)**](#_A._Additional_Justification)**:** Click or tap here to enter text.

**B. \***[**Additional Justification for Student Demand (Optional):**](#_B._Additional_Justification)Click or tap here to enter text.

**III. Quality:**

1. **\***[**Overview:**](#_A._Overview:_Provide)
	1. [Program Learning Objectives](file:///T%3A%5CAcad%20Plan%20Assmt%5CAPPD%20ProgDev_Curr%20Forms%5CBlooms%20Verbs.pdf)

**Upon completion of the program, students will be able to:

1.** Learning Objective **2.** Learning Objective **3.** Learning Objective
4. Learning Objective **5.** Learning Objective

**B. \***[**Curriculum Requirements:**](#_C._Curriculum:_Please)

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| --- |
| **Required Courses** |
| **Prefix and Number** | **Title** | **SCH** |
|  |  |  |
|  |  |  |
| **Prescribed Electives** |
|  |  |  |
|  |  |  |
| **Free Electives** |
|  |  |  |
|  |  |  |
| **Other Curriculum Restrictions/Requirements** |
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| **TOTAL Semester Credit Hours:**  |

*Note with an asterisk (\*) new courses that would be added to SHSU’s course inventory if the proposed minor is approved.*

**Reminder:** All course curriculum must be part of the THECB approved SHSU course inventory prior to an approved minor being added to the catalog or Degree Works.

**END FORM**

**Approval Recommendation Signatures:**

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| **Approval Recommendation Signatures:** |
| **Approved by Department Head/Faculty** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
|  |  |  |  |  |
| **Approved by Department Chair** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
| **Approved by Department Chair 2 (Interdisciplinary)** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
| **Approved by Department Chair 3 (Interdisciplinary)** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
| **Approved by Department CC (If applicable)** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
|  |  |  |  |  |
| **Approved by College CC (If applicable)** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
|  |  |  |  |  |
| **Approved by Academic Dean** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
| **Approved by Academic Dean 2 (Interdisciplinary)** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
| **Approved by Academic Dean 3 (Interdisciplinary)** | Approved [ ]  Disapproved [ ]  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
|  |  |  |  |  |
| **Approved by Director of APPD** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
| **Approved by University CC1** | Approved [ ]  Disapproved [ ]  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
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| **Approved by ACC/Provost** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |

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| Approved [ ]  Disapproved [ ]  | Approved |[ ]  Disapproved |[ ]
| Date: Click or tap here to enter date. | Date: Click or tap here to enter date. |

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 Exempt, if there is a companioning Certificate program.

 **CC = Curriculum Committee
APPD = Academic Planning and Program Development**

**APPD Use Only

Added to Catalog** [ ]

Date: Click or tap here to enter date.

**Added to Banner** [ ]

Date: Click or tap here to enter date.

**Added to Degree Works** [ ]

Date: Click or tap here to enter date.

**Notified Advising** [ ]

Date: Click or tap here to enter text.

**Added to Apply Texas** [ ]

Date: Click or tap here to enter date.

**Directional Prompts**

**ADMINISTRATIVE INFORMATION**

**Program Name:**For example, ‘Minor in English’ or ‘Minor in Community Leadership’.

**Number of Required Semester Credit Hours (SCH):**
SHSU Minors range between 18 and 33 semester credit hours.

**Administrative Unit**:
Identify where the program would fit within the organizational structure of the university (e.g., The Department of English within the College of Humanities and Social Sciences).

**Location and Mode of Delivery:**
Provide the location of instruction and how the proposed minor will be delivered to students. (e.g., Instructed on the main campus, face-to-face, online).

**Proposed Implementation Date:**
Provide the term/year in which the minor would be offered.

**Contact Person:**
Provide contact information for the person responsible for addressing any questions about the proposal:

**Administrative Notes:**Add Administrative note, if applicable.

**NEED**

**Certificate Companion Program:**
If there is a current Certificate program with identical curriculum (difference of 3 SCH or less), please provide the program title.

**ADDITION JUSTIFICATION**

**Additional Justification Job Market (Optional):**

Provide additional context to the Program Analytics Summary and/or short- and long-term evidence of the need for proposed minor holders in the Texas and United States job market.

**Additional Justification Student Demand (Optional):**

Provide additional context to the Program Analytics Summary and/or additional short- and long-term evidence of student demand for the proposed minor.

**QUALITY**

**Overview:**
Provide a description and rationale of the proposed minor, including the educational objectives.

**Curriculum Requirements:**
Complete the curriculum table below, listing the required courses, prescribed electives, electives, and other curriculum restrictions/requirements. Add rows if needed.