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

|  |
| --- |
| **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](mailto:programdev@shsu.edu) at (936) 294-2291.  **University Curriculum Committee**: [Curriculum Development Statement](#_Title:)  *\* Asterisk denotes headers with directional information* |

|  |
| --- |
| **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 THECB Defined 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. \***[**Department Curriculum Committee (DCC) Notes**](#_7.__Contact)**:** |
| **8. \***[**College Curriculum Committee (CCC) Notes**](#_7.__Contact)**:** |
| **9. \***[**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)

|  |
| --- |
| **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:\Acad%20Plan%20Assmt\APPD%20ProgDev_Curr%20Forms\Blooms%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)

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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)1** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
| **Approved by Department Chair 3 (Interdisciplinary)1** | 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)1** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
| **Approved by Academic Dean 3 (Interdisciplinary)1** | 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 CC2** | Approved  Disapproved | | | |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Approved by ACC/Provost** | Approved |  | Disapproved |  | | Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Approved  Disapproved | Approved |  | Disapproved |  | | Date: Click or tap here to enter date. | Date: Click or tap here to enter date. | | | | | | | |

1Interdisiplinary sign-off is required at both the department/college level for the use of any non-core curriculum course within the proposed curriculum, which is housed outside of the proposed program’s academic college.

2 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.

**Department Curriculum Committee (DCC) Notes:**Add DCC note, if applicable.

**College Curriculum Committee (CCC) Notes:**Add CCC 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.