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

**University Curriculum Committee**: Diversity and Inclusion Statement (Pending Approval)

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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_6x0A7oHgB4EmH2Z) to notify the Office of Academic Planning and Program Development. **Assistance:** Contact the Office of Academic Planning and Program Development (936) 294-2291*\*Hover over headers for additional information\*\*Select left arrow to expand collapsed 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. \***[**Proposed Implementation Date:**](#_6.__Proposed) |
| **5. \***[**Contact Person**](#_7.__Contact)**:** Name: Title: E-mail: Phone: |

*\*\*Select left arrow to expand collapsed information.*

## **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.

**B. 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):**](#_II._Additional_Justification)

**A.**  [**\*Additional Justification for Job Market Need (Optional)**](#_A._Additional_Justification)**:**

**B. \***[**Additional Justification for Student Demand (Optional):**](#_B._Additional_Justification)

## **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)

|  |
| --- |
| **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.

## **IV.** **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 CC** | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
|  |  |  |  |  |
| **Approved by College CC** | 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 Director of APPD**  | Approved |[ ]  Disapproved |[ ]
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. |
|  |  |  |  |  |
| **1Approved by University CC** | 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. |
|  |  |  |  |  |

 Exempt, if there is a companioning Certificate program.

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

**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**

**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).

**Proposed Implementation Date:**
Provide the month/year in which the minor would be offered (MM//YY).

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

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

**Additional Justification (Optional):**
If you would like to include additional context or justification of need for the proposed minor, in addition to the Program Analytics Summary, please provide any details in this section.

**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.