

NEW MINOR

A. APPROVAL STEPS

- College and/or Department
- Curriculum Committee
- Faculty Senate

Note: If the new minor requires institutional resources (e.g., new faculty, adjuncts, equipment, space), additional approvals may be required.

B. **DEPARTMENT REVIEW OF PROPOSALS:** Submitted proposals must have been carefully reviewed by the department as well as affected departments where applicable.

C. **PROPOSAL SUBMISSION BY THE DEAN OR CHAIR TO PROVOST'S OFFICE:** Proposals originating from the academic unit are to be submitted electronically to the Provost's Office/Associate Provost of Academic Affairs by the Dean or Chair on behalf of the department.

D. **MEMO OF SUPPORT FROM DEANS OF AFFECTED DEPARTMENTS:** If the Curriculum Committee requests these letters, attach them to the back of your proposal.

E. **PROPOSAL SUBMISSION DATE:** Proposals may be submitted throughout the year, but *they must be received no later than **November 15** if they require action for implementation for the following academic year.* Proposals received after the deadline may not be acted on in time for implementation the next academic year.

F. **CURRICULUM COMMITTEE MEETINGS:** The Curriculum Committee meets on the fourth Tuesday of each month. Proposals submitted to the Provost's Office/Associate Provost on or before the second Tuesday of the month will be on that month's agenda.

NEW MINOR

Prepare proposal in accordance with the guidelines below and the format shown on the following pages. Should any item under the headings not pertain to your proposal, write N/A.

PROPOSAL NUMBER:

REVISION (label Revision #1, #2, etc.):

SECTION 1: CONTACT INFORMATION

| | |
|-----------------|--|
| Name: | |
| Title: | |
| E-mail Address: | |
| Phone Number: | |

SECTION 2: PROGRAM INFORMATION

| | |
|--------------------------------|-----------------------------|
| College: | |
| Department: | |
| Name of Minor | |
| 2020 CIP Code | NCES Search |
| Date Originally Submitted: | |
| Implementation Date Requested: | |

APPROVAL

The Deans of the affected colleges must sign below to indicate their notification and departmental approval of this proposal. Should this proposal affect any course or program in another college, a memo must be sent to the Dean of each college impacted and a copy of the memo(s) must be included with this proposal.

By signing below, you are indicating your college and department(s)'s approval of this proposal.

| College | Dean's Signature |
|---------|------------------|
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ADDITIONAL COMMENTS:

SECTION 3:

A. PROGRAM DESCRIPTION AND CHARACTERISTICS

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| 1. Program full name as it will appear in the catalog: | |
| 2. Number of credit hours required for the minor: | |
| 3. How will the minor be offered? Select all that apply. | ---- |
| 4. Catalog Description: Describe the nature of the academic minor. | |
| | |
| 5. Target Audience: Define primary internal target audience that would benefit from the proposed minor. | |
| | |
| 6. Credit for Prior Learning Experience: Will this program grant credit for prior learning experience? If so, describe the methods for evaluating the learning and maximum number of credits allowed. | |
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| 7. Student Learning Outcomes: Identify clear and concise statements that describe the knowledge, skills, and abilities successful students should have acquired by the end of the program. | |
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B. EVIDENCE OF NEED

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| 1. Relationship to Institutional Mission and Goals: Relate the connection of this program to Fairmont State's mission. |
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| 2. Value-Added Impact: Describe the potential value-added to prospective employers. Describe the potential value-added for students completing the minor. |
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| 3. Similar Programs on Campus: Does Fairmont State currently offer a similar minor? If a similar minor does exist, how does the proposed minor differ in terms of student learning outcomes, courses and/or content? |
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C. RESOURCES

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| 1. Will new courses need to be developed for the minor? |
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| 2. Will new faculty or adjuncts, be needed to support the minor? If no new faculty or adjuncts are required and the certificate program requires adding classes or substituting courses, identify how current faculty will meet the demand. |
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| 3. Will new facilities, equipment, space modification, and/or library materials/services be needed to support the certificate program? Provide an estimate of the increased cost, or reduction in cost of implementation (if applicable). |
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**Minor in XXXXXXXX
Proposed Program**

D. CURRICULUM REQUIREMENTS: Include al course requirements.

| Required Minor Courses (XX Credit Hours) | | |
|---|--------------------|---------------------|
| Course Prefix & Number | Course Name | Credit Hours |
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| Minor Elective Courses (XX Credit Hours) – IF APPLICABLE | | |
|---|--------------------|---------------------|
| Course Prefix & Number | Course Name | Credit Hours |
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|---------------------------|--|
| TOTAL CREDIT HOURS | |
|---------------------------|--|