***Instructions for New Minor Proposal:***

* When the proposal is approved by the College Curriculum Team, the College Administrator will send the following to Lucero Carvajal in Academic and Curriculum Support (ACS) no later than **May 31** for review by the University Undergraduate Curriculum Team (UUCT).
	+ An electronic MS Word version of the catalog via email.
	+ A color hard copy of the New Minor Proposal with appropriate signatures via campus mail.
	+ An electronic MS Word version of the minor curriculum map via email (please refer to question #13 below for further explanation).
* All changes to courses are completed via the Curriculum Management System (CMS) <https://midas.fgcu.edu/cms/>
* Reminder**:**  The prefix/number for a new course is handled one way in the catalog copy and another in CMS.  In the catalog copy, identify a new course with the suggested title, suggested prefix and course level, plus XXX with the suggested number in parenthesis, e.g. ART 4XXX (4123). When final approval for the course prefix/number is received from Statewide Course Numbering System, the catalog copy will be updated.  In CMS, a new course is requested by entering the suggested title and suggested prefix/number with no XXX. See instructions in CMS for selecting an appropriate suggested prefix/number.
1. *Minor Title:*

1. *Contact person*:

*College*:

*Department/School*:

*Telephone*: 239-

1. *Briefly explain the rationale for the proposed Minor. How does it relate to existing programs and mission/goals of sponsoring unit?*

1. *Effective date*: Fall 20

Changes are effective in the fall of the year. Exceptions are approved only in unusual circumstances with adequate justification.

1. *Briefly explain the rationale for the proposed Minor to include its educational and occupational goals*.

Link the proposed Minor to assessment and institutional effectiveness activities (feedback from students, market demands, program evaluation, resource allocation, etc.).

1. *Describe additional library resources needed to support this proposed Minor? Explain rationale for response, even if answer is None*.

1. *Describe additional faculty resources needed to support this proposed Minor? Explain rationale for response, even if answer is None*.

1. *Describe additional technology, facility, laboratory, or other resources needed to support this proposed Minor? Explain rationale for response, even if answer is None*.

1. *What impact does the proposed Minor have on other colleges, units, or programs?*

Please search current online catalog to determine if other colleges, units, or programs use courses that are part of this proposal and need to be notified of any changes.

1. *New courses*:

[ ]  No new courses are required.

[ ]  New courses are needed. List prefix/number/title below. Complete a Course Add Form for each from the Curriculum Management System - <https://midas.fgcu.edu/cms/>

1. *Change to existing courses*:

[ ]  No existing courses are being changed.

[ ]  Existing courses are being changed. List prefix/number/title below. Complete a Course Change Form for each from the Curriculum Management System - <https://midas.fgcu.edu/cms/>

1. *Termination of existing courses*:

[ ]  No existing courses are being deleted from the FGCU course inventory.

[ ]  Courses are being terminated. List prefix/number/title below. Complete a Course Terminate Form for each course from the Curriculum Management System - <https://midas.fgcu.edu/cms/>

1. *What impact will the proposed revision have on the progression or sequencing of courses in this Minor?*

Please provide evidence, with an electronic MS Word version, in the form of a Minor curriculum map, a listing of required and restricted elective courses in the Minor and **their prerequisites** or other form appropriate for your Minor (consult with College Curriculum Team Chair for additional information).

1. *Catalog copy*:

Please see Instructions above.

1. *Additional remarks*:

**APPROVALS** *(required prior to submission)*

Department Chair/Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Curriculum Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does another department or unit provide related expertise or offer similar courses? [ ]  No [ ]  Yes (*If yes, have the other department complete the following. Attach a separate sheet if needed.)*

 Department/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Supports this proposal [ ]  Does not support this proposal [ ]  Defers Recommendation

Authorizing signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: