Curriculum Proposal Form- New Minor

Academic Affairs Committee - ESF Academic Governance

Office of Academic Administration

**Date:**

**Department:**

**Minor Title:**

**1. Justification Narrative**

Please provide an explanatory narrative outlining the need or rationale for the new Minor (i.e. addressing emerging or changing societal demand, addressing changing technology, focusing on a new interdisciplinary body of knowledge, etc.)

**2. Institutional Impact:**

Anticipated Enrollment:

New Faculty or Staffing Requirements:

New Technology and Classroom Resource Demands:

New Computing Resources Requirements:

New Accreditation Requirements:

New Assessment Requirements:

New Library Resource Requirements:

New Transportation Requirements:

New Forest Properties or Field Practicum Requirements:

Impacts on other Departments at ESF:

(please obtain and attach response from

affected departments)

Impacts on Admissions: (particularly transfer

requirements and articulation agreements; please

obtain and attach response from Admissions)

List courses taught outside the Department at ESF:

if an impact is anticipated)

List courses taught outside the Department at SU:

• Accessory Instruction credit hours at SU

required per student in this curriculum:

• Accessory Instruction credit hours required

per semester by this curriculum

• Change in Accessory Instruction needs over

current programs and curricula

**3. Catalog Narrative:**

Please provide a narrative description of the Minor, the broad objectives and learning outcomes, and a course outline using the precise format proposed for the ESF catalog (please include the minimum GPA required to be admitted to the minor – College-wide this minimum is 2.7; departments/minors may require a higher minimum GPA if desired):

**4. Program Outcomes**

Please provide a specific listing of the learning outcomes associated with this Minor:

Upon completion of this minor, students will be able to:

**5. Implementation Plan**

Please provide a specific date for implementing this new Minor.

**6. Approval Signatures:**

Signatures below, or attached letters, indicate that the affected departments, programs or units have been notified of this proposal and have had an opportunity to assess the impact of the proposal on their respective units. If departments did not respond to your notification, you may wish to document your effort to contact them.

**Affected Academic Department(s) or Program(s):**

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Program 1 Name of Chair/Program Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Or letter attached

Chair Signature Date

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Program 2 Name of Chair/Program Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Or letter attached

Chair Signature Date

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Program 3 Name of Chair/Program Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Or letter attached

Chair Signature Date

*[if more/ess than three Departments/Programs, please add/delete lines as appropriate.*

**Other Units**

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_ Or letter attached

Library Director Date

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_ Or letter attached

Computing and Network Services Date

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_ Or letter attached

Physical Plant Date

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_ Or letter attached

Forest Properties Date

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_ Or letter attached

Environmental Health and Safety Date

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_ Or letter attached

Admissions Date

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_ Or letter attached

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_ Or letter attached

Otjer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

**Office of the Provost**

Signature below, or attached letter, indicates that the Provost either a) agrees that that there is no need for additional resources from the College; or b) indicates willingness to provide the extra support to the department.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Or letter attached Provost Signature Date

**7. Proposer Information and Department Chair Affirmation:**

Contact Person:

Name:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This proposal has been reviewed and approved by the sponsoring Department. Affected departments have been notified and given the opportunity to provide feedback. Department resources are or will be made available to support this curriculum revision, or a plan is in place to meet the resource needs as identified in the Institutional Impacts section of this proposal (see Section 2, above) .

Name:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:     \_\_\_\_\_\_

Department Chair (or designated curriculum representative)

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Or email attached

Department Chair (or designated curriculum representative)