 **OFFICE OF THE CHANCELLOR**

**Academic Affairs**

**Notification for New Non-Major Program**

Applicable for Minors, Certificates, Concentrations and Teacher Certifications.

\*All fields must be completed within applicable sections.

\*\*The second section is for minors, certificates and teacher certifications. The last section is for concentrations only.

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| **HEADER INFORMATION** | | | | | |
| University: Select university. | | | Desired Implementation Date: Click to enter date. | | |
| Type of Program Being Added: Select program. | | | | | |
| **MINOR, CERTIFICATE or TEACHER CERTIFICATION DETAILS** | | | | | |
| \*If program type is concentration, skip this section and go to the CONCENTRATION(S) section below.\* | | | | | |
| Name: Click here to enter text. | | | | | |
| CIP: Click here. | Credits Required to Complete: Click here. | | | | |
| Department: Click here to enter text. | | | | | |
| Delivery Methods:  Face-to-Face  Online 100%  Blended/Hybrid  Interactive TV  Multi-modal/HyFlex | | | | | |
| **CONCENTRATION(S)** | | | | | |
| Please provide the details of the associated Major for the concentrations. | | | | | |
| Major Name: Click here to enter text. | | | | | |
| Major Award: Click here. | | Major CIP: Click here. | | Major API Object Id: Click here. | |
| **CONCENTRATIONS (if applicable)**  \*\* For more than one concentration, click a text field below and then click the “+” sign on the lower right-hand side of this section. | | | | | |
| Name: Click here to enter text.  CIP: Click here to enter text.  Minimum Credits Required for Concentration: Click here to enter text.  Department: Click here to enter text. | | | | Delivery Methods: | Face-to-Face  Online 100%  Blended  Interactive TV  Multi-modal/HyFlex |
| **RATIONALE FOR NEW NON-MAJOR PROGRAM** | | | | | | |
| Provide a rationale for adding this program to the array. | | | | | | |
| **Click here to enter text.** | | | | | | |
| **DESCRIPTION** | | | | | | |
| Provide a brief description that includes the purpose of the program. | | | | | | |
| **Click here to enter text.** | | | | | | |
| **STUDENT OUTCOMES** | | | | | | |
| Provide the program-level student learning outcomes. | | | | | | |
| **Click here to enter text.** | | | | | | |

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| **CURRICULUM REQUIREMENTS** |
| Please list the requirements of the program to include course numbers, titles, descriptions, credits, and pre-requisites and co-requisites. If adding a concentration, provide the course numbers, titles, descriptions, credits, and pre-requisites and co-requisites for the courses in the concentration. If a minor, indicate which courses are advanced standing as it is not always inherent in course numbers. |
| **Click here to enter text.** |