AAPPS 02.01.10

New Minor or Concentration Request Form

Administrative Information

**1. Institution:** Texas State University-San Marcos

**2. Program Name:**

**3. Proposed CIP Code:**

**4. Brief Program Description:**

**5. Administrative Unit: Identify where the program would fit within the organizational structure of the university:**

**6. Proposed Implementation Date: Report the first semester and year that students would enter the program:**

**7. Contact Person: Provide contact information for the person who can answer specific questions about the program:**

* **Name:**
* **Title:**
* **E-mail:**
* **Phone:**

**8. Required Reviews:**

* Faculty
* Department/School Curriculum Committee or Department/School Faculty
* Department Chair/Program Director/School Director
* College Curriculum Committee
* College Council
* College Dean
* Dean of The Graduate College (if applicable)
* Associate Vice President for Academic Affairs

**Program Information**

**I. Need**

**A. Program Need – Provide a rationale for the new minor or new concentration.**

**B. Student Demand – Provide evidence of demand for the program.**

**C. Enrollment Projections – Provide the anticipated enrollment in the program.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Year 1**  **FY XXXX** | **Year 2**  **FY XXXX** | **Year 3**  **FY XXXX** | **Year 4**  **FY XXXX** | **Year 5**  **FY XXXX** |
| Projected Enrollment |  |  |  |  |  |

**II. Quality**

**A. Hourly Requirements – Use this table to show the requirements of the program.**

|  |  |
| --- | --- |
| **Category** | **Semester Credit Hours** |
| **Required Courses** |  |
| **Prescribed Electives** |  |
| **TOTAL** |  |

**B. Curriculum – Use these tables to identify the required courses and prescribed elective courses of the program. Active courses that will be used in this program should be reviewed to determine if changes are needed to those courses because of the new program, e.g., contact hours, co-requisites, descriptions, prerequisites, restrictions, titles, etc. (not to include prefix or numbers.) Course Request Forms for new and changed courses must be submitted with the program proposal. For courses outside the originating department/school, a memo of concurrence is required from those affected areas.**

|  |  |  |
| --- | --- | --- |
| **Prefix and Number** | **Required Courses** | **SCH** |
|  |  |  |
|  |  |  |
|  |  |  |
| Sub-total | |  |

|  |  |  |
| --- | --- | --- |
| **Prefix and Number** | **Prescribed Elective Courses** | **SCH** |
|  |  |  |
|  |  |  |
|  |  |  |
| Sub-total | |  |

|  |
| --- |
| **Texas State University-San Marcos**  **(insert name of new program)**  **Signature Page**  1. *I hereby approve the requested minor and/or concentration.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Provost/Chief Academic Officer Date |