# NEW UNDERGRADUATE MINOR / CHANGE UNDERGRADUATE MINOR FORM

	Please fill out Section I.						
	SECTION I: GENERAL INFORMATION						
	Program: <u>Latin Ame</u>	erican Studies					
	Minor: <u>Latin American Studies</u>						
	College: Arts & Science	<u>es</u>	Department: <u>Internat</u>	ional Studies Program			
	Bulletin PP: <u>116, 166</u>		CIP Code: <u>30.2301</u>				
	Accrediting Agency (if ap	plicable): <u>n/a</u>					
$\Rightarrow$	Fill out Section II if you a	re proposing a <u>NEW</u> minor.					
	Section II: New Minor						
	Minor Prerequisites (list course prefix, number and title): <u>n/a</u>						
	Minor Requirements (list course prefix, number and title): <u>n/a</u>						
	Minor Electives (list cour	se prefix, number and title): <u>n/a</u>					
	Total Hours Required:	n/a					
	Rationale for Proposal:	<u>n/a</u>					
$\Rightarrow$	Fill out Section III if you	are <u>CHANGING</u> requirements for an	existing minor.				
	Section III: Change in Minor Requirements						
		Current		<u>Proposed</u>			
	<u>Current Total Hours:</u>		Proposed Total Hours:				
	Rationale for Proposal:	No requirements for the minor are being changed at this time. The prefix for associated courses will remain LAS. The change that is being requested after a discussion by affliated faculty is for the name of the program to be more inclusive of research done and courses offered by affliated faculty.					
	The new name, "Latin American, Caribbean, and Latino Studies Program," reflects those desires. Approval for the name change was done by a committee of affliated faculty on October 18, 2010. Thus, it is requested that the new name for the minor be "minor in La American, Caribbean, and Latino Studies".						
	Will this program be prin	ted in the Bulletin?		Yes ⊠ No □			

## NEW UNDERGRADUATE MINOR / CHANGE UNDERGRADUATE MINOR FORM

Signature Routing Log

## **General Information:**

Proposal Name: Latin American Studies Minor (Interdisciplinary)

change name to Latin American, Caribbena, and Latino Studies Minor (Interdisciplinary)

Proposal Contact Person Name: Carmen Martinez Phone: 257Nave Proposal Contact Person Name: Email: cma24@uky.edu

<u>Novo</u> <u>6284</u>

#### **INSTRUCTIONS:**

Identify the groups or individuals reviewing the proposal; note the date of approval; offer a contact person for each entry; and obtain signature of person authorized to report approval.

#### **Internal College Approvals and Course Cross-listing Approvals:**

Reviewing Group	Date Approved	Contact Person (name/phone/email)	Signature	
LAS Advisory Cmte/Bd	10/18/2010	Chris Pool / 7-2793 / capool1@uky.edu		
LAS, Director 12/09/2011		Carmen marinez / 7-2684 / carmen.martinez@uky.edu		
		/ /		
		/ /		
College of A&S	01/17/2012	Anna Bosch, Associate Dean / 7-6689 / bosch@uky.edu		

# **External-to-College Approvals:**

Council	Date Approved	Signature	Approval of Revision <sup>1</sup>
Undergraduate Council	3/20/2012	Sharon Gill	
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:		

<sup>&</sup>lt;sup>1</sup> Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.