An academic minor is a secondary area of study that is separate from the major and is typically defined by a set of courses and/or credit hour requirements within a specified discipline. In other words, a minor is a structured group of courses that leads to considerable knowledge and understanding of a subject, although with less depth than a major. Minors are typically between 18 and 32 credit hours in length, depending on the college and disciplinary area.

Once approved at the college level, your college will send the proposal for a new minor to the appropriate Senate academic council (HCCC and/or UC) for review and approval. Once approved at the academic council level, the academic council will send your proposal to the Senate Council office for additional review and then a 10-day posting online, during which senators review on their own and have an option to register an objection if they so desire. If no objection is raised to the Senate Council Office within ten days of the posting the proposal, then it is approved. The Senate Council Office will report approvals to the Provost, Registrar and other appropriate entities, including the contact person.

1. GE	NERAL INFORMATION						
1a	Home college:						
1b	Home educational unit (department or school):						
1c	Proposed minor name:						
1d	CIP Code:						
1e	Is there an accrediting agency related to this minor? Yes No						
	If "Yes," name:						
1f	Requested effective date: Image: Fall semester following approval. OR Image: Specific Date ¹ : Fall 20						
1g	Contact person name: Email: Phone:						
2. 0\	ERVIEW						
2a	Provide a brief description of the proposed new minor. (300 word limit)						
2b	Will this minor be associated with an existing degree program? Yes No						
	If "Yes," describe how the new minor will complement the existing degree program. (150 word limit)						
2d	Explain the need for the new minor (e.g. market demand and cross-disciplinary considerations). (300 word limit)						

¹ Minors are effective for the fall semester following approval. No minor will be made effective unless all approvals, up through and including University Senate approval, are received.

2f	Describe the demographics of the intended audience. (150 word limit)						
3a	Describe how the proposed minor will be administered, including admissions, student advising, retention, etc. (150 word limit)						
	The faculty of record is the faculty body responsible for ALL aspects of the program, including courses, credit						
	hours, rigor, changes to the program, etc. Please identify the program's <i>faculty of record</i> by choosing ONE of the						
3b	four scenarios below. For more information on each faculty of record scenario, visit						
	http://www.uky.edu/Faculty/Senate/files/Forms/UNDG_DegPgm/facultyofrecord1.html						
	Scenario 1 OR Scenario 2 OR Scenario 3 OR Scenario 4						
	If Scenarios 2, 3, or 4 are chosen, please provide describe/list/name the members of the faculty of record and						
	describe the voting rights of members of the faculty of record. Include the process and standards for identifying						
	the program director, as well as adding and deleting members of the faculty of record. (150 word limit)						
2h	Initially, will any portion of the minor be offered via DL? Yes No						
	If "Yes," please indicate below the percentage of the minor that will be offered via DL.						
	1% - 24% 25% - 49% 50% - 74% 75 - 99% 100%						
	If "Yes," describe the DL course(s) in detail, including the number of required DL courses. (200 word limit)						
3. RE	SOURCES						
3d	Will the minor utilize courses from other academic units? Yes No						
	If "Yes," two pieces of supporting documentation are required.						
	Check to confirm that appended to the end of this form is a letter of support from the other units'						
	chair/director ² from which individual courses will be used. The letter must include demonstration of true collaboration between multiple units ³ and impact on the course's use on the home educational unit.						
	Check to confirm that appended to the end of this form is verification that the chair/director of the other unit						
	has consent from the faculty members of the unit. This typically takes the form of meeting minutes.						
3e	What are the (non-course) financial implications for the proposed minor, including any projected budget needs? (300 word limit)						
3f	Will the proposed minor utilize resources (e.g. departmentally controlled equipment or lab space) from additional units/programs?YesNo						
	If "Yes," identify the other resources that will be shared. (150 word limit)						

² A dean may submit a letter only when there is no educational unit below the college level, i.e. there are no departments/schools.

³ Show evidence of detailed collaborative consultation with such units early in the process.

	lf "Y	es," two pieces of supporting documentation are required.					
		Check to confirm that appended to the end of this form is a le r/director ⁴ of the unit whose "other resources" will be used.	tter of su	pport from the	e appropri	ate	
		Check to confirm that appended to the end of this form is ver consent from the faculty members of the unit. This typically t					
	mas			ionn or meetin	1 <u>5</u> minutes		
4. AC	OMISS	IONS CRITERIA AND CURRICULUM STRUCTURE					
4a	Are	there any admissions requirements for the proposed minor?	(150 word	d limit)	Yes	No	
	lf "Y	es," describe below.					
	Are	there any prerequisites for the minor? (If "Yes," indicate and	answer u	sing the area			
4b		w. If "No," indicate and proceed to 4d.)			Yes	No	
Prefi	ix &	Course Title	Credit		Course Status ⁵		
Num	ber	course rule	Hrs				
				Select one	elect one		
				Select one	•		
				Select one			
				Select one			
				Select one			
				Select one			
	-						
4c	Prov	vide the Bulletin language for prerequisites. (150 word limit)					
4d	List	the required courses below.					
Prefi			Credit				
Number		Course Title	Hrs	Course Status ⁶			
				Select one			
				Select one			
				Select one			
				Select one			
				Select one			
4e	Prov	ide the Bulletin language for required courses.					

⁴ A dean may submit a letter only when there is no educational unit below the college level, i.e. there is no department/school.

⁵ Use the drop-down list to indicate if the course is a new course ("new"), an existing course that will change ("change"), or if the course is an existing course that will not change ("no change").

⁶ Indicate if the course is new ("new"), exists but will change ("change"), or exists but will not change ("no change").

f		y electives for the mir o," indicate and proce	nor? (If "Yes," indicate an ed to 4h.)	d answer using	the area Yes No
	ix & nber	Course Title		Credit Hrs	Course Status ⁷
-					Select one
					Select one
					Select one
					Select one
					Select one
					Select one
					Select one
lg	Provide the I	Bulletin language for e	electives.		
-					
С		, ,		note below. (150	
5. AI		VIEWS below does not supers	ede the requirement for	individual lette	Yes No No res of support from educational unit
5. Al	PPROVALS/REV Information k admin	VIEWS below does not supers	ede the requirement for ion of faculty support (ty	individual letter	Yes No No Second
5. AI	PPROVALS/REV Information k admin	VIEWS below does not supers histrators and verificat	ede the requirement for ion of faculty support (ty Contact Perso	individual lette	Yes No No Second
	PPROVALS/REV Information b admin Review	VIEWS below does not supers histrators and verificat ving Group Appro	ede the requirement for ion of faculty support (ty Contact Perso	individual letter	Yes No No Second
	PPROVALS/REV Information b admin Review Name	VIEWS below does not supers histrators and verificat ving Group Appro	ede the requirement for ion of faculty support (ty Contact Perso	individual letter	Yes No No Second
	PPROVALS/REV Information b admin Review Name	VIEWS below does not supers histrators and verificat ving Group Appro	ede the requirement for ion of faculty support (ty ved	individual letter pically takes the n Name/Phone	Yes No No Second
	PPROVALS/REV Information b admin Review Name	VIEWS below does not supers histrators and verificat ving Group Appro	ede the requirement for ion of faculty support (ty ved /	individual letter pically takes the n Name/Phone	Yes No No Second
	PPROVALS/REV Information b admin Review Name	VIEWS below does not supers histrators and verificat ving Group Appro	ede the requirement for ion of faculty support (ty ved /	individual letter pically takes the n Name/Phone, /	Yes No No Second
	PPROVALS/REV Information b admin Review Name	VIEWS below does not supers histrators and verificat ving Group Appro	ede the requirement for ion of faculty support (ty ved /	individual letter pically takes the n Name/Phone / / /	Yes No No Second
5a	PPROVALS/REV Information & admin Review Name (Within Colle	VIEWS below does not supers histrators and verificat ving Group Appro	ede the requirement for ion of faculty support (ty ved Contact Perso / / / / / /	individual letter pically takes the n Name/Phone / / /	Yes No No Second
5. Al	PPROVALS/REV Information & admin Review Name (Within Colle	VIEWS pelow does not supers istrators and verificat ving Group Date Appro ege)	ede the requirement for ion of faculty support (ty ved Contact Perso / / / / / /	individual letter pically takes the n Name/Phone / / /	Yes No No Second
5a	PPROVALS/REV Information & admin Review Name (Within Colle	VIEWS pelow does not supers istrators and verificat ving Group Date Appro ege)	iede the requirement for ion of faculty support (ty ved Contact Perso / / / / / its)	individual letter pically takes the n Name/Phone, / / / /	Yes No No Second
5a	PPROVALS/REV Information & admin Review Name (Within Colle	VIEWS pelow does not supers istrators and verificat ving Group Date Appro ege)	iede the requirement for ion of faculty support (ty ved Contact Perso / / / / / its)	individual letter pically takes the n Name/Phone, / / / /	Yes No No Second

⁷ Indicate if the course is new ("new"), exists but will change ("change"), or exists but will not change ("no change").

		Undergraduate Council			
		Health Care Colleges Council (if applicable)			
5c	(Ser	nate Academic Council)	Date	Approved	Contact Person Name
			/	/	
			/	/	
			/	/	
			/	/	
			/	/	