**Request to Establish New Academic Minor Program**

Please complete all fields. Boxes may be expanded to accommodate longer responses. Clarifying field descriptions can be found below. Note: This form is not required for a new minor program that has the same name as an existing major program and the courses constituting the minor are drawn from approved courses for that major.

**University:**

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| **Name of Proposed Academic Minor Program:** |
| **Academic Department:**  The name of the academic department or unit that will primarily administer the academic program. If the proposed program will be jointly administered across more than one department, please list the(se) additional department(s). |
| **Geographic Site:**  The physical site(s) (campus, branch campus, international, etc.) or modality where the academic program will be primarily delivered or administered. |
| **Instructional Modality:**  The primary modality of the academic program (i.e., in person, online, hybrid). |
| **Total Credit Hours:**  The number of credit hours required to complete the academic program |
| **Proposed Inception Term:**  The term and year in which the program will be first delivered (i.e., Spring 2025; Fall 2026). |
| **Brief Program Description:**  A short outline of the content and skills that the proposed minor program will deliver. A brief description of how the program fits into the institutional mission of the university. If relevant, please provide succinct information about existing related or complementary academic programming (e.g., majors that will likely take this minor). |
| **Learning Outcomes and Assessment Plan:**  Define the core concepts and competencies that the program will convey and stipulate how these key learning outcomes will be measured and assessed. |
| **Projected Enrollment for the First Three Years:**  Please provide anticipated enrollment numbers for each of the first three years of the proposed minor program |
| **Evidence of Market Demand:**  Please describe how this minor will improve marketability for graduates who compete the program. Provide estimates of the future state-wide and national demand for graduates in relevant majors with this minor. Please specify the source (e.g., Lightcast; Jobs EQ; US Department of Labor) of workforce demand data and detail the assumptions that underpin these projections. If job market data is unavailable or not applicable please explain why and elaborate another justification for the proposed program. |
| **Similar Programs Offered at Arizona Public Universities:**  List existing programs at Arizona public universities that deliver similar concepts and competencies to the proposed new program. |
| **New Resources Required? (i.e., faculty and administrative positions; infrastructure, etc.):**  Please provide an estimate of the personnel and infrastructure requirements of the proposed new program and the corresponding costs. Please specify if the proposed program requires new resources (e.g., new faculty or staff positions; a new laboratory; new teaching assistantships or scholarships) or whether resource needs may be met through the reassignment or extension of existing ones. If resource extension or reassignment will impact extant programs and/or operations, please make this clear. |
| **Plan to Request Program/College Fee?** YES NO  **Estimated Amount:**  **Fee Justification:**  If planning to levy a program/college fee, please justify the estimated amount.  Note: The fee setting process requires additional steps, and forms need to be completed. Please work with your university and the ABOR Finance team to complete a fee request. |
| **Specialized Accreditation?** YES NO  **Accreditor:**  The name of the agency or entity from which accreditation will be sought |

Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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