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**FORM TO REQUEST SUBSTANTIAL CHANGES TO AN EXISTING UNDERGRADUATE MINOR**

**A request for substantial changes to an existing program requires approval from the school director/department head (managing administrator), college academic dean, Curricular Affairs, Undergraduate Council (UGC), and College Academic Administrators Council (CAAC). Additional approvals may be required, depending on the requested changes. Complete this form and submit to Martin Marquez (****martinmarquez@email.arizona.edu****) no later than October 25, 2019 to be considered for inclusion in the 2020-2021 Academic Catalog.**

1. **Requested by (College & School/Department):**
2. **Proposer’s name, title, email and phone number:**

## Minor name and number of students enrolled in the minor:

## Describe proposed changes to the minor. Provide a rationale and explanation for making changes to the minor and include any relevant supporting data. Are changes being made to the corresponding major (if applicable)?

## Comparison Chart–complete the chart below using your existing [academic advisement report](https://uaccess.schedule.arizona.edu/psp/pubsaprd/UA_ADV_CATALOG/HRMS/h/?tab=DEFAULT). You may not need to complete all portions. Highlight row(s) indicating the proposed significant changes. You can find course information to help complete the chart below by using the [UA course catalog](https://uaccess.schedule.arizona.edu/psp/pubsaprd/UA_CATALOG/HRMS/h/?tab=DEFAULT) or [UAnalytics](https://analytics.uaccess.arizona.edu/analytics/saw.dll?dashboard&PortalPath=%2Fshared%2FStudent%2F_portal%2FCatalog%20and%20Schedule) (Catalog and Schedule Dashboard> “Printable Course Descriptions by Department” On Demand Report; right side of screen). Proposed changes resulting in similar curriculum with other plans (within department, college, or university) may require completion of an additional comparison chart. Delete Example columns before submitting.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Existing Minor Requirements** | **Proposed Minor Requirements**  | **Example Existing Minor (delete column when submitting form)** | **Example Modified Minor (delete column when ready to submit)** |
| Minor name |  |  | Air Traffic Minor | Air Traffic Minor |
| CIP code–lookup [here](https://nces.ed.gov/ipeds/cipcode/default.aspx?y=55) or contact Martin Marquez for assistance, if needed |  |  | 49.0105-Air Traffic Controller | 49.0105-Air Traffic Controller |
| Total units required to complete the minor |   |   | 18 | 21 |
| Upper -division units required to complete the minor |  |  | 9 | 12 |
| Total transfer units that may apply to this minor |  |  | 9 | 9 |
| List any special requirements to declare or gain admission to this minor (completion of specific coursework, minimum GPA to declare, workshop attendance, application, etc.) |  |  | None | -Complete interview with “Air Traffic Controller Faculty Committee”-Submit application essay  |
|  Minor requirements. List all minor requirements including core and electives. Courses listed must include prefix, number, units, and title. Mark new coursework (New). Include any limits/restrictions in place/needed (house number limit, etc.). Provide email(s)/letter(s) of support from home department head(s) for courses being added and are not owned by your department. Recommend ordering requirements in the same order as your advisement report. |  |  | Complete 3 core courses:AIR 101 (3) Air Traffic Controller BasicAIR 102A (3) Air Traffic Controller Advanced IAIR 102B (3) Air Traffic Controller Advanced IIComplete 9 units from the following upper division AIR list:AIR 300 Air Traffic History | Complete 3 core courses:AIR 101 (3) Air Traffic Controller BasicAIR 102A (3) Air Traffic Controller Advanced I(NEW) AIR 201 (3) Air Traffic Controller ProcessesComplete 9 units from the following upper division AIR list:AIR 300 (3) Air Traffic History Complete 3 units of AIR 493 (3) Air Traffic Internship |
| Internship, practicum, applied course requirements. (Yes/No). If yes, provide description.  |   |   | No | Yes. Students must complete internship experience for credit at an approved location.  |
| Senior thesis or senior project required (Yes/No). If yes, provide description.  |   |  | No | No |
| Additional requirements (provide description) |   |   | None | Submit a summative reflection essay.  |

1. **Peer institution comparison**- describe how your modified minor requirements are similar and different from minor requirements of two peer institutions. Select peers from (in order of priority) [ABOR approved institutions](https://www.azregents.edu/arizonas-public-universities/peer-institutions), [AAU members](https://www.aau.edu/who-we-are/our-members), and/or other relevant institutions recognized in the field.
2. **Faculty impact**–indicate if new faculty hires will be required to deliver the proposed modified/new curriculum.
3. **Budgetary Impact**– indicate new resources needed and source of funding to implement the proposed changes. If reallocating resources, indicate where resources will be taken from and the impact this will have on students/faculty/program/unit.
4. **Required signatures**

Managing unit administrator (print name and title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Managing administrator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Managing unit administrator (print name and title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Managing administrator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Dean (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Dean (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Note: In some situations, signatures of more than one unit head and/or college dean may be required.

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| For use by Curricular Affairs:

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| Committee | Approval date |
| Academic Programs Subcommittee |  |
| Undergraduate Council |  |
| College Academic Administrators Council |  |

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|  | **If name change requested & approved:** |
| ☐ Notify proposers of approval | ☐ Create approval memo |
| ☐ Upload proposal documents to relevant plan table values | ☐ Send memo to college/dept and acad\_org listserv |
| ☐ Notify ADVIP team, include proposers | ☐ Create new plan code  |
|  | ☐ Add last admit term to previous plan code |
|  | ☐ Upload proposal documents to relevant plan table values |
|  | ☐ Notify ADVIP team, include proposers |