University of Dubuque

**Major/Minor Proposal Form
Undergraduate Studies**

*Form Revised: September 2019*

|  |  |  |
| --- | --- | --- |
| Click here to enter text. |  | Click here to enter text. |
| **Department** |  | **Full Major/Minor Name**  |
| Click here to enter a date. |  | Click here to enter text. |
| **Effective Year/Semester** |  | **Abbreviated Code** (eg. CIS, EDU, BAC, etc.) |

**Note: If using this for revisions please strike through words that are being deleted from previous proposal and use red lettering for any items that are new.**

**Describe rationale for the new/revised major/minor:**

Click here to enter text.

**A. GENERAL INFORMATION:**

**1. This is a:** [ ]  **Major** [ ]  **Minor**

**2. Number of Credits:**  Click here to enter text.

**3. Degree** (please check one)**:**
 [ ]  Associate of Arts [ ]  Associate of Science[ ]  Bachelor of Arts [ ]  Bachelor of Business Administration
 [ ]  Bachelor of Science [ ]  Bachelor of Science in Nursing
[ ]  Other (please specify): Click here to enter text.

 **4. Major/Minor Description:** *(for the college catalog: Describe the major/minor, including the type of degree, objectives, what type of careers this major/minor prepares students to enter, all prerequisites that are required or desired, and any restrictions that may apply to this major/minor.)*

Click here to enter text.

**B. RELATIONSHIP OF MAJOR/MINOR TO DEPARTMENT MISSION AND OTHER DEPARTMENTS:**

**1. Mission of the Department:** *(State the mission of the department and relate how it fulfills the mission of the University.)*

Click here to enter text.

**a. Department Goals:** *(List the goals of the program.)*

Click here to enter text.

**b. Student Learning Outcomes (Department or Major):** *(List the student learning outcomes that will be developed through this major/minor.)*

Add the following learning outcome to major/minors as part of the Wendt Character Initiative:

**Students will be able to apply** **excellent moral character and** **professional ethics to [their discipline].**

**2. Relationship of this major/minor to other departments (if applicable):** *(State how the program may function as a service or support for other departments.)*

Click here to enter text.

**3. List Names of Department Heads or Other Faculty/Staff and a Summary of Discussions (if applicable):** *(List all individuals that have collaborated or that you have had discussions with, if your proposal has any impact on other departments. Include a brief summary of those discussions.)*

Click here to enter text.

**C. ASSESSMENT PLAN:** *(refer UD Assessment Handbook)*

|  |  |
| --- | --- |
| [ ]  **Assessment Plan** [ ]  *Approved initial Assessment Plan Provided Below (Preferred method of submission)*[ ]  *Approved initial Assessment Plan Attached* |  |

|  |  |  |
| --- | --- | --- |
| **Director of Assessment** |  | **Date** |

**D. DEPARTMENT/MAJOR Learning Outcomes/Course Grid Matrix**

**Student Learning Outcomes**
*Indicate in the intersection between SLO and the course, how the SLO is met. This should be consistent with the course proposal grid*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Courses | SLO #1: . | SLO #2:  | SLO #3: . | SLO #4:  | SLO #5:  | SLO #6:  | SLO #7:  | SLO #8:  |
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*\*\*\* Please insert or delete rows/columns and copy/paste the automated text fields as needed. In the center grid indicate if the CLO/SLO is an I (Introduce), R (Reinforce) or M (Master)*

*EXAMPLES:*

*Student Learning Outcome: Demonstrate the ability to recognize and apply ethical and professional excellence for responsible decision making*

*Course Learning Outcome: Demonstrate understanding and the application of the elements that make up operational safety including responsibility, accountability and ethical conduct in their chosen career field*

*Method of Assessment: Weekly journals and final ethics paper*

**E. MAJOR/MINOR COURSES:**

**1. List All Courses:** *(List all the courses offered by the major/minor in numerical order, excluding courses only required as General Education courses.)*

**Courses required for major:**

Click here to enter text.

**Courses required for minor:**

Click here to enter text.

**Courses that are electives:**

Click here to enter text.

**2. List Course Proposal Forms Submitted to the Committee for Review (if applicable):** *(Provide a list of all new/revised course proposal forms that will constitute this major/minor. If new courses are not being offered or current courses are not being revised, please skip this section.)*

|  |  |
| --- | --- |
| [ ]  **New Course Proposal Forms** List All *Course Proposal Forms Attached:*Click here to enter text. | [ ]  **Revised Course Proposal Forms** List All *Course Proposal Forms Attached:*Click here to enter text. |

**3. Course Rotation Grid:** *(Provide or attach a 2 to 4 year course rotation grid showing all graduation requirements.)*

|  |  |
| --- | --- |
| [ ]  **Course Rotation Grid Provided Below** *(Preferred method of submission)* | [ ]  **Course Rotation Grid Attached in a Separate Document** |

Click here to enter text.

**F. OPERATIONAL REQUIREMENTS:**

**1. Faculty Requirements:** *(List any additional faculty or faculty education that will be necessary for this major/minor.)*

Click here to enter text.

**2. Special Facilities:** *(Briefly describe the special facilities, such as science/computer labs, buildings or equipment, needs of courses.)*

Click here to enter text.

**3. Technology Needs:** *(Briefly describe the technology, hardware or software, needs of courses.)*

Click here to enter text.

**4. Library Needs:** *(Describe any new or extraordinary Library resource needs of courses.)*

Click here to enter text.

**5. Budget Implications:** *(In addition to detailed staffing needs, explain the cost of the equipment or extracurricular activity expenses of courses.)*

Click here to enter text.

**6. Projected Enrollment:** *(Identify how many students are expected to enroll.)*

Click here to enter text.

**G. DOCUMENT AUTHOR NAMES & APPROVAL SIGNATURES:**

**Document Author(s) Name(s):**  Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Document Author’s Signature:** |  | **Date** |
| **Department/Program Head Signature** |  | **Date** |
| **Chair – Curriculum Committee** |  | **Date** |
| **Vice President for Academic Affairs** |  | **Date** |

*\* Signatures do not have to be obtained at the time of initial submission to the committee.
This is done AFTER the review and recommendation by the curriculum committee.*