

10/15/2007

Tracking #

ORIGINAL DATE:

REVISED DATE:
SALEM STATE COLLEGE
REQUEST FOR NEW MINOR

APPROVED DATE:

DEPARTMENT:

SEMESTER/YEAR IN WHICH CHANGE
WILL TAKE EFFECT:
Fall Spring Yr:

PROPOSED MINOR TITLE: _____

REQUIRED CREDITS:

WILL THIS MINOR CONTAIN COURSES OFFERED BY MORE THAN ONE DEPARTMENT? Yes No
(If yes, please list affected departments and include statement(s) of support from relevant department chairpersons)

CATALOG NARRATIVE DESCRIPTION:

MINOR COURSE REQUIREMENTS: (If using specific courses, please include course number, full title and number of credits. If minor contains electives, please indicate which courses constitute acceptable minor electives)

JUSTIFICATION FOR NEW MINOR:

IF THIS CHANGE WOULD MODIFY ANY CURRICULUM OTHER THAN THAT OF THE DEPARTMENT SUBMITTING IT (OTHER THAN COURSES OFFERED BY DEPARTMENTS OTHER THAN THE MINOR HOME DEPARTMENT LISTED ABOVE, PLEASE ATTACH STATEMENTS FROM ALL INVOLVED DEPARTMENTS INDICATING THAT CONSULTATION HAS TAKEN PLACE. LIST ALL SUCH DEPARTMENTS BELOW.

SUBMITTED BY:

DEPARTMENT CHAIRPERSON

LIST OF AFFECTED DEPARTMENTS:

DATE: _____
