

University of Connecticut
Interdisciplinary Minor Processing Form

Requesters Information:

Name: _____
Title: _____
Department: _____
Phone: _____

Requester Signature: _____ Date: _____

School/College Approvals (1):

Department Head Signature: _____ Date: _____
Dean Signature: _____ Date: _____

School/College Approvals (2):

Department Head Signature: _____ Date: _____
Dean Signature: _____ Date: _____

If **inactivating** an Interdisciplinary Minor, please fill in the present Minor name and inactivation date:

Present Name: _____
Inactivation Date: _____

If **changing** an Interdisciplinary Minor, please fill in the present Minor name:

Present Name: _____

And in the spaces below please fill in the **new or revised** Interdisciplinary Minor information and requested activation date.

Interdisciplinary Minor Name _____
(As many as 30 characters)

Effective Year and Date _____

Approved: _____
Vice Provost for Undergraduate Education **Date**

Note: Any change made to the lists of course requirements or significant changes to descriptive text for an interdisciplinary minor which includes courses from more than one School or College requires the approval of academic departments, as well as the Vice Provost for Undergraduate Education, with the recommendation of the Courses and Curricula Committee of each School or College offering the courses.

cc: Registrar
OIR