

# PROGRAM FOR SPECIAL MINOR, POLICY, INSTRUCTIONS, & PROCEDURES

## POLICY (11442856 REV. 2015)

The special minor is designed for those students whose needs and goals cannot be met by the traditional minors offered by this University. Special minors will be approved only in academic areas where sufficient course work exists to provide the necessary depth and breadth for planning a comprehensive academic program. Approved programs must meet specific educational and career objectives that are set forth by the student and approved by the student's advisor. In most cases, programs will be interdisciplinary in nature. They are not to duplicate in essence other existing minor programs, and the requirements are to equal or exceed those of other campus minor programs.

### **Specific Grade Point Average Requirement:**

Before submitting the application to begin work on the Special Minor, the student must have a cumulative grade point average of 2.5 on all course work completed to that point.

### **Special Unit Requirements:**

A total of 12 semester units are required, which includes a minimum of 6 upper division units in the field of specialization.

### **Procedures:**

1. Type, date and sign a carefully prepared statement setting forth the rationale for requesting the special minor. Include the specific educational or career objectives that the minor is to fulfill.
2. Clearly explain why the proposed minor is more appropriate in fulfilling the stated objectives than other existing minor programs would be. The completed statement is to be submitted to your faculty advisor who will determine if the requirements of the proposed minor and the objectives may be reasonably met at this University. If so, the faculty advisor may then assist you in developing a course of study.
3. With the assistance of the faculty advisor, list your proposed course of study on the attached program planning sheet. The advisor and department chair are to sign a typed copy of the program planning sheet indicating that they recommend approval of the proposed program.
4. Submit the rationale statement and the signed proposed plan of study to the Dean of Undergraduate and Graduate Studies, by email to [ugs@csus.edu](mailto:ugs@csus.edu), who will approve or disapprove the course of study. If the program is approved, copies of it will be distributed to the student, the advisor, and the Registrar.
5. Subsequent changes in the course of study must be requested on the "Revision to Program for Special Minor" Form, be approved by the advisor and submitted to the Dean of Undergraduate and Graduate Studies for approval.

# CALIFORNIA STATE UNIVERSITY, SACRAMENTO

## PROGRAM FOR SPECIAL MINOR

Date: \_\_\_\_\_ Proposed Graduation Date: \_\_\_\_\_ Sac State ID number: \_\_\_\_\_

<b>Name: Last, First, Middle</b>	<b>Email:</b>
<b>Present Address:</b> _____ <b>Number &amp; Street</b> _____ <b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____	<b>Permanent Address:</b> _____ <b>Number &amp; Street</b> _____ <b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____
<b>Local Telephone Number:</b> _____ <b>(Home)</b> _____ <b>(Work)</b>	<b>College:</b>

**Program Title:**

### LIST ONLY COURSES TO BE INCLUDED IN SPECIAL MINOR

Dept. & Course No.	Course Title	Semester Units Credits	When Taken	Institution if Transfer	Grade	In Progress or To Do

**Total Units in Minor Program:** \_\_\_\_\_

**Other Requirements (if any):** \_\_\_\_\_  
\_\_\_\_\_

**REQUEST: I have prepared the attached rationale for this course of study and have complied with all University regulations concerning the development of a special minor, and hereby request approval of this proposed program.**

**Student's Signature** \_\_\_\_\_

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

## RECOMMENDATION

I have reviewed the student's rationale for requesting this special minor. I find the academic content area proposed in the course of study available on this campus, and judge the depth and breadth of study of sufficient academic rigor to recommend approval of this special minor.

<b>Department:</b>	<b>Advisor's Signature:</b>	<b>Date:</b>
	<b>Department Chair's Signature:</b>	<b>Date:</b>

**THIS PROGRAM HAS BEEN APPROVED FOR A SPECIAL MINOR**

**Approved:** \_\_\_\_\_  
(Dean for Undergraduate and Graduate Studies)      \_\_\_\_\_  
Date

**Comments or Other Action:**

**Graduated:** \_\_\_\_\_