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SR-09-10-(09) 55 CC

Marshall University

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**CURRICULUM COMMITTEE
RECOMMENDATION**

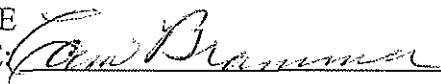
SR-09-10-(09) 55 CC

Recommends approval of the attached form: Request for Undergraduate Addition/Deletion/Change of Department Honors Option.

RATIONALE:

The new Honors College will be allowing departments to add an Honors option to existing majors. This new form is necessary for departments to submit their intended curriculum for a Departmental Honors Option for approval through the college's dean, Honors College curriculum committee and dean, University Curriculum Committee, and the Faculty Senate.

FACULTY SENATE CHAIR:

APPROVED BY THE
FACULTY SENATE:  DATE: 11/20/09

DISAPPROVED BY THE
FACULTY SENATE: _____ DATE: _____

UNIVERSITY PRESIDENT:

APPROVED:  DATE: 11/24/09

DISAPPROVED: _____ DATE: _____

COMMENTS: _____

Request for Undergraduate Addition/Deletion/Change of Department Honors Option

1. Prepare one paper copy and obtain signatures from the Department Chair/Head, Registrar, and College Dean. 2. Submit the form to the Honors College Curriculum Committee. 3. After obtaining the signature of the Honors College Curriculum Chair and the Dean of the Honors College, send the paper copy to Berrice Bullock in the Faculty Senate office and an identical (sans signatures) ELECTRONIC COPY and all supporting documentation in PDF format by email to bullock@marshall.edu.

College: _____ Department/Division: _____

Contact Person: _____ Phone: _____

ACTION REQUESTED:

Check action requested: Addition Deletion Change

Within which Major is/will the honors option be listed (please provide code as well): _____

RATIONALE:

CURRICULUM: Number of Hours and Courses; Indicate Required/Optional

OTHER REQUIREMENTS: GPA, etc.

NOTIFICATION REQUIREMENTS:

- Attach a copy of written notification regarding this curriculum request to the following:
1. If this honors option requires additional faculty, equipment, or specialized materials, attach an estimation of money and time required to secure these items.
 2. Send a copy of this completed form to the Marshall University Catalog Editor.

SIGNATURES: (If disapproved at any level, do not sign. Return to previous signer.)

Department Chair/Division Head: _____	Date: _____
Registrar: _____	Date: _____
College Dean: _____	Date: _____
Honors College Curriculum Committee Chair: _____	Date: _____
Honors College Dean: _____	Date: _____
University Curriculum Committee Chair: _____	Date: _____
Faculty Senate Chair: _____	Date: _____
VP Academic Affairs/VP Health Science: _____	Date: _____