## University of Connecticut Interdisciplinary Minor Processing Form

Requester's Information:		
Name (and title): Department: School/College: Phone:	Email:	
Requester's Signature:	D	ate:
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 Min	or, please fill in the present Minor name	and inactivation date:
Present Name:		
Inactivation Date:		
If <b>changing</b> an Interdisciplinary Minor,	please fill in the present Minor name:	
Present Name:		
Below, please fill in the <b>new or revise</b>	Interdisciplinary Minor name and activa	ation date:
Interdisciplinary Minor Name	e:	(up to 30 characters)
Activation Year and Date:		
Approved:		
<del>-</del>	Provost's Office	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/College, requires the approval of applicable academic departments, as well as the Provost's Office, with the recommendation of the applicable Course and Curricula Committees.

cc: Registrar OIR