University of Connecticut
Interdisciplinary Minor Processing Form

Requester’s Information:
Name (and title): ____________________________________________
Department: _________________________________________________
School/College: ____________________________________________
Phone: _____________________ Email: _______________________
Requester’s 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: ____________________________________________

Below, please fill in the new or revised Interdisciplinary Minor name and activation date:
Interdisciplinary Minor Name: ________________________________ (up to 30 characters)
Activation Year and Date: _________________________________

Approved:
__________________________________________ Date
Provost’s Office

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