January 4, 2007

Kansas Board of Regents

**APPLICATION FOR APPROVAL
OF MINOR/CONCENTRATION**

_____
(NAME OF INSTITUTION)

_____
(ADDRESS)

_____
(TELEPHONE)

Concentration or Major:

_____
(Title and CIP)

_____ New
_____ Derived from Existing Program

_____
(DATE SUBMITTED)

_____
**(Signature of Vice-President
/or Provost**

PROPOSAL FOR MINOR/CONCENTRATION
Kansas Board of Regents

Submitted by _____

College of _____

Division of _____

I.   Indicate major in which concentration will be located:

_____

II.   Give the name and describe the purpose of the proposed concentration:

Name:_____

Description of Purpose:_____

_____

(Use other sheets as needed)

III.   Provide curriculum for the major and indicate courses required for each concentration:

_____
Name of Major

Course Name & Number   Credit Hours

Core Courses: _____   _____
                        _____   _____
                        _____   _____
                        _____   _____

Electives: _____   _____
                        _____   _____
                        _____   _____

Research: _____   _____
                        _____   _____
                        _____   _____

	Course Name & Number	Credit Hours

Practica: _____   _____
_____   _____
_____   _____

                                                                      Total: _____

_____
(Name of Concentration)

	Course Name & Number	Credit Hours

Concentration: _____   _____
_____   _____
_____   _____
_____   _____
_____   _____
_____   _____

                                                                      Total: _____

Note: By Board of Regents definition concentrations are established within existing programs and are:

    1.   24 hours or less at the undergraduate level
    2.   12 hours or less at the master's level
    3.   18 hours or less at the doctoral level

IV.   Faculty resources:

    A.   Number of FTE faculty who teach in the major, including all concentrations:
             #_____

    B.   Rank of faculty:
             Instr._____; Asst. Prof._____; Assoc. Prof._____; Prof._____;
             GTAs_____.

    C.   Preparation of faculty;
             Indicate level of degrees: Bach._____; Masters_____; Doctors_____.

    D.   Explain other instructional responsibilities of faculty. (e.g. list service courses in school or for other schools/majors):

<div align="center">

Pittsburg State University
Office of Continuing and Graduate Studies
Request for Degree Changes

</div>

Department _____   College _____   Date Submitted _____

Degree Program _____   Effective Date _____

Request for change (check all that apply):

☐ Offer current graduate degree 50% or more online.

    Complete any other sections that apply

	Existing		**Proposed**	
☐ Options Available and Number of Hours Required	☐ I Thesis	_____ Hours	☐ I Thesis	_____ Hours
	☐ II Applied Research	_____ Hours	☐ II Applied Research	_____ Hours
	☐ III Course Work	_____ Hours	☐ III Course Work	_____ Hours

☐ Additional Degree Requirements
i.e. comps, oral review, portfolio

_____   _____

_____   _____

☐ Degree Course Requirements*

    ☐ Course(s) to be added to candidacy   _____

_____

    ☐ Course(s) to be deleted from candidacy   _____

_____

    ☐ Course(s) to be moved from elective to required on candidacy   _____

_____

*Please also complete the Request for Creation of Course form for any new courses your department is adding to the catalog and the Request foletion of Course form for any courses your department wishes to delete from the catalog.

Why are these changes being made?

Required approvals to add or change an emphasis:

_____   _____
Date   Signature, Departmental Curriculum Committee Chairperson

_____   _____
Date   Signature, College Curriculum Committee Chairperson (if applicable)

_____   _____
Date   Signature, Council for Teacher Education Chairperson (if applicable)

_____   _____
Date   Signature, Dean of College

_____   _____
Date   Signature, Graduate Council Chairperson

Approved for effective date: _____