Current Chair: Brian Morgan

# Request for Undergraduate Addition, Deletion, or Change of a Major or Program

1. Prepare one paper copy and obtain signatures from the Department Chair/Head, Librarian, and College Dean. 2. Submit the form to your College Curriculum Committee. 3. After attaining the signature of the College Curriculum Chair, send the paper copy to Bernice Bullock in the Faculty Senate office. 4. Send an identical (sans signatures) ELECTRONIC COPY and all supporting documentation in PDF format by email to bullock@marshall.edu

College: COLA Department/Division: Sociology and Anthropology

Contact Person: Anders Linde-Laursen Phone: 304-696-2788

**ACTION REQUESTED:**

Check action requested: ____ Addition ____ Deletion ____ Change

Name of Major (provide code if this is an existing major): Sociology (LS 10)

**RATIONALE:**

The department has conducted extensive discussions on how to better describe the SOC major in the catalog, including how to ensure that students graduating with a sociology major have both depth and breadth in the discipline. We have researched other programs and have considered that information in relation to current faculty strengths. The result presented here is a much better organization of the major than what is currently the case.

**CURRICULUM:** (If addition or change, number of hours and courses; indicate if required or optional) May be submitted as separate document.

Please see attached proposal for a new catalog text.

**NOTIFICATION REQUIREMENTS:**

Attach a copy of written notification regarding this curriculum request to the following:

1. **Statement of Non-Duplication:** If this major will be similar in title or content to an existing major at the university, please send a memo to the affected department and include it with this packet, as well as, the response received from the affected department.
2. If your department/division requires additional faculty, equipment, or specialized materials, attach an estimation of money and time required to secure these items.
3. 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.)

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