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| S:\Communications\Logos and photos\SDBORLogos\final_sdbor_webreadyBW_trans.gif | **SOUTH DAKOTA BOARD OF REGENTS**  ACADEMIC AFFAIRS FORMS |
| Minor Program Modification |
|  |  |

Use this form to request minor changes in existing programs (majors, minors, certificates, or specializations). The university Vice President for Academic Affairs approves minor program modifications and they are included in the Annual Minor Program Modification Summary form.

|  |  |
| --- | --- |
| **UNIVERSITY:** | DSU |
| **PROGRAM TITLE:** | **MBA** |
| **CIP CODE:** |  |
| **UNIVERSITY DEPARTMENT:** | **College of BIS** |
| **UNIVERSITY DIVISION:** |  |

**University Approval**

*To the Board of Regents and the Executive Director: I certify that I have read this proposal, that I believe it to be accurate, and that it has been evaluated and approved as provided by university policy.*

|  |  |  |
| --- | --- | --- |
|  |  | 3/11/2020 |
| Vice President of Academic Affairs or President of the University |  | Date |

|  |
| --- |
|  |

1. **This modification addresses a change in (*place an “X” in the appropriate box*):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Course *deletions* that do not change the nature of the program, or distribution of courses in the program, or change of total credit hours required |  | Course *additions* that do not change the nature of the program, or distribution of courses in the program, or change of total credit hours required |
|  |  |  |  |
|  | Revised courses in the program. |  |  |

1. **Effective date of change: 8/1/2020**
2. **Program Degree Level (*place an “X” in the appropriate box*):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Associate |  | Bachelor’s |  | Master’s |  | Doctoral |  |

1. **Category (*place an “X” in the appropriate box*):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Certificate |  | Specialization |  | Minor |  | Major |  |

1. **Primary Aspects of the Modification (*add lines or adjust cell size as needed*):**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Existing Curriculum* | | | | | *Proposed Curriculum (highlight changes)* | | | | |
| **Pref.** | **Num.** | **Title** | **Cr.**  **Hrs.** |  | | **Pref.** | **Num.** | **Title** | **Cr. Hrs.** |
| Healthcare Information Emphasis 6 | | | |  | | Healthcare Information Emphasis 6 | | | |
|  |  |  |  |  | | Select 6 credits from the following: | | |  |
| HIMS | 701 | Foundations in Healthcare  Information | 3 |  | | HIMS | 701 | Foundations in Healthcare  Information | 3 |
| HIMS | 742 | Healthcare Informatics, Information Systems and Technology | 3 |  | | HIMS | 742 | Healthcare Informatics, Information Systems and Technology | 3 |
|  |  |  |  |  | | HIMS | 743 | Informatics as a Foundation for Clinical Practice | 3 |
|  |  | Total Hours Required | 6 |  | |  |  | Total Hours Required | 6 |

1. **Explanation of the Change:**

This provides another choice for students in the healthcare emphasis.