PROPOSING A MICRO-CREDENTIAL

For Provost's Office Use

Effective Term: FALL _____

PROPOSER'S NAME (print):		Signature:	
LEVEL:	☐ Undergraduate	☐ Graduate	☐ Mixed level
SCHOOL/COLLEGE:	☐ Business☐ Education	☐ Fine & Performing Arts☐ Liberal Arts & Sciences	☐ Science & Engineering☐ Interdisciplinary
DEPARTMENT(S)/PR	OGRAM(S):		
	TYPE OF MICRO-CREDEN	d below or attach a narrative add	
• Numbe	rricular micro-credentian r of credits required for Impetency badge (non-c	completion:	eriential learning activities are included.
• Financial Aid e		es, under these circumstances:	dents will know or be able to") for the
proposed micro	•		

PART II: TARGET AUDIENCE PLEASE IDENTIFY THE TARGET AUDIENCE. (Check all that apply.) ☐ Matriculated students ☐ Graduate students ☐ Post-baccalaureate students ☐ Non-matriculated students ☐ Undergraduate students ☐ Prospective new students. Please describe the target demographic: **ANTICIPATED NUMBER OF PARTICIPANTS** Please describe the number of students you hope to serve and how this number may change over time. PART III: CONTENT AND COURSEWORK Please LIST THE COMPONENTS AND SEQUENCE of the coursework and/or experiences associated with this microcredential. (As applicable, please include the individual and collective number of credit hours involved.) If coursework is involved, what is the LEVEL OF COURSEWORK? (Check all that apply.) ☐ 100-level ☐ 300-level ☐ 500-level ☐ 700-level ☐ 200-level ☐ 400-level ☐ 600-level If this is a curricular micro-credential, what is the PROPOSED COURSE MODALITY? (Check all that apply.) ☐ Seated ☐ Online ☐ Hybrid Does the micro credential include NEW OR REVISED COURSES? ☐ Yes □ No If yes, please append them to this proposal, or submit them for review separately. All course additions or changes must be approved before the micro-credential proposal can be considered. If the micro-credential includes **NON-CREDIT EXPERIENTIAL LEARNING**, are programs already in place to offer this to ☐ **YES.** Please describe what already exists: □ **NO.** Please describe what needs to be created: Non-credit experiential learning will be recorded on the Co-Curricular Transcript. Please indicate which of the following Co-Curricular Transcript learning outcome(s) apply. For each applicable learning outcome, please include the rubric(s) you will use to assess student learning. ☐ Cognitive Skills: Students will engage in informed debate, principled dissent, critical thinking/analysis, problem solving, and acceptance/appreciation of multiple perspectives. ☐ Communication Skills: Students will engage in activities that improve verbal, non-verbal, and listening skills. (May include marketing and promotion experience.) ☐ Computer and Technology Skills: Students will increase their information literacy through interaction with software, databases, audio/visual technology, and other technologies. ☐ Cultural Knowledge: Through engagement with culture(s) other than the student's own, the student will develop a deeper understanding of global communities and cultures. ☐ Ethical Reasoning: The student will make ethical decisions in the best interest of the group and greater community without trying to advance the student's own agenda. ☐ Leadership Skills: The student will improve her/his/their ability to lead, interact, represent, and inspire others, as well as the ability to delegate and provide critical feedback to members of a group.

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☐ Financial Management: The student will improve her/his/their knowledge and experience with managing/planning budgets and finances.
□ Reading and Writing Proficiency: The student will improve her/his/their ability to (1) read and interpret
literature/documents to acquire knowledge in a subject area and (2) write proficiently without spelling, grammar
or comprehension errors.
☐ Social Responsibility: The student will develop an awareness and commitment to social justice, civic engagement, personal responsibility and equitable treatment of others.
☐ <i>Teamwork</i> : Working with a group of people for an extended period, the student will demonstrate mature,
respectful, professional and collaborative relationships with others and the ability to trust and be trusted for the
common good of the team.
STACKABILITY: If the proposed micro-credential is stackable toward another program or award (micro-credential,
certificate, minor, degree), describe the stacking plan, indicating how credits or experiential activities will apply.
WORKFORGE LINEAGES. Be within a control of the cont
WORKFORCE LINKAGES: Does this program have linkages to industry employers? If so, please describe:
<u>PART IV</u> : RESOURCES What new resources (faculty/staff, budgetary, facility), if any, would be needed to support the proposed micro-
credential?
PART V: ASSESSMENT
Describe plans for evaluating the success of the micro-credential. (SEIs alone do not constitute an assessment plan.)

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RECOMMENDATIONS TO APPROVE CURRICULAR MICRO-CREDENTIALS:

By signing below, you confirm that consultation with departments/programs/divisions affected by this new micro-credential has taken place and that sufficient resources exist to support and sustain the program.

For Curricular Micro-Credentials of less than 9 credits*:

Dept. Chair(s)/Program Director(s):			Date:	
			Date:	
School/College Governance (if required)	:		Date:	
Academic Dean(s):			Date:	
			Date:	
[Undergrad] Chair, Curriculum Committe	ee:		Date:	
[Grad] Presiding Officer, Graduate Coun	cil:		Date:	
[Grad] AVP, Graduate & Extended Learn		Date:		
Provost/Vice President for Academic Aff	airs:		Date:	
If the proposed micro-credential includes	non-credit experie	ntial learnina activiti	ies:	
Vice President for Student Affairs:		3	Date:	
For Coming to Minns Condensation of Conse				
For Curricular Micro-Credentials of 9 cred	aits or more*:			
Dept. Chair(s)/Program Director(s):			Date:	
			Date:	
School/College Governance (if required)	:		Date:	
Academic Dean(s):			Date:	
			Date:	
[Undergrad] Chair, Curriculum Committe	ee:		Date:	
[Undergrad] Presiding Officer, Faculty Se				
<u>OR</u> [Grad] Presiding Officer, Graduate Co	ouncil:		Date:	
[Grad] AVP, Graduate & Extended Learn	ing:		Date:	
Provost/Vice President for Academic Aff	airs:		Date:	
If the proposed micro-credential includes	non-credit experie	ntial learning activiti	ies:	
Vice Preident for Student Affairs:			Date:	
* <u>Mixed-level Curricular Micro-Credential</u> the Graduate Council; <i>if 9 credits or mo</i>				Curriculum Committee and
Course Recording:	e, radaity defiate i	also approve th	ie proposuii	
			Date entered:	
			Date entered:	

RECOMMENDATIONS TO APPROVE COMPETENCY BADGES:

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By signing below, you confirm that consultation with departments/programs/divisions affected by this new microcredential has taken place and that sufficient resources exist to support and sustain the program.

For Competency Badge proposals within the Division of Academic Affairs:

Dept. Chair(s)/Program Director(s):	Dat	e:				
	Dat	e:				
- 1 1/2 11 - 2 1/2 12						
School/College Governance (if required):	Dat	e:				
Academic Dean(s):	Dat	e:				
	Dat	e:				
Provost/Vice President for Academic Affairs:	Dat	e:				
For Competency Badge proposals within the Division of Student Affairs:						
Director:	Dat	e:				
Vice President for Student Affairs:	Dat	e:				

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