

PROPOSAL TO RENAME THE INTERIOR DESIGN MINOR

1. Make the following change:

Interior Architecture and Design Minor

| | | |
|---|----------------------------|----|
| IAD 151 | Intro to Interior Design | 3 |
| IAD 281 | History of Interiors I | 3 |
| IAD 282 | History of Interiors II | 3 |
| IAD 368 | Materials & Specifications | 3 |
| IAD 443 | Universal Design | 3 |
| Directed Electives (as approved by IAD advisor) | | 3 |
| Total Hours | | 18 |

Courses to total 18 credits for this minor

Distance Availability: Yes

Rationale: New name aligns with the recent program and degree name change approved last year.

PROGRAM COMPONENT (Group B) OR NON-SUBSTANTIVE REQUEST FORM
(Fill out this form if you have a program component change as defined by Board Policy III.G.d.)

SELECT THE BOX OR BOXES THAT DESCRIBE YOUR REQUEST:

- | | |
|---|---|
| <input type="checkbox"/> 1. New component (option, minor, emphasis, concentration or specialization) | <input type="checkbox"/> 5. Discontinuation of a certificate (30 credits or less) |
| <input type="checkbox"/> 2. New certificate (30 credits or less) | <input type="checkbox"/> 6. CIP Code change |
| <input type="checkbox"/> 3. Change to program name or title, degree, department, division, college or center | <input checked="" type="checkbox"/> 7. Other, please describe: Change to Minor name to match recent program/degree name change. |
| <input type="checkbox"/> 4. Discontinuation of a component (option, minor, emphasis, concentration or specialization) | |

REQUIRED INFORMATION FOR ALL SELECTIONS:

| | | | |
|---|---|--|------------------|
| Dept Chair Name: | Rula Awwad-Rafferty | Email: | rulaa@uidaho.edu |
| Department/Unit: | Interior Architecture and Design | | |
| College: | Art and Architecture | | |
| Current Program Name: | Interior Architecture and Design | <input type="checkbox"/> Graduate <input checked="" type="checkbox"/> Undergraduate | |
| Current program credits: | 123 | | |
| Primary Point of Contact (if different from above): | | Email: | |
| Briefly describe the change you are requesting: | Change name of minor from Interior Design to Interior Architecture and Design to align with the recent program and degree name change of the same title | | |
| CIP Code: | New: (04.0501) | Existing: (50.0408) | |
| What is the financial impact of the requested change: | Greater than \$250,000 per FY; | Less than \$250,000 per FY; | |
| Describe the financial impact: | none | | |

| | | | |
|--|-----------|-----|------|
| Implementation/effective date of change or new component: | Fall 2020 | | |
| Can 50% or more of the curricular requirements of this program be completed via online or distance delivery? | | Yes | X No |
| If yes can 100% of the curricular requirements of this program be completed via online or distance delivery? | | Yes | No |
| Please write the geographical location that this program will be offered: | Moscow | | |

**NEW PROGRAM COMPONENTS AND CERTIFICATES – FILL OUT THIS SECTION IF YOU SELECTED #1
OR #2 ABOVE**

| | | | |
|---|--|--|----|
| Name of new component or certificate: | | | |
| Number of credits: | | | |
| Describe proposed new program component or certificate to include overview of program and credit requirements: | | | |
| Are there curriculum changes needed and/or do new courses need to be created: | | Yes – if you select yes to this question, please attach all curriculum and course documents related to this. | No |
| List the intended learning outcomes for the program component. Use learner centered statements that indicate what will students know, be able to do, and value or appreciate as a result of completing the program: | | | |
| | | | |
| Describe the assessment process that will be used to evaluate how well students are achieving the intended learning outcomes of the program component: | | | |
| | | | |
| How will you ensure that the assessment findings will be used to improve the program? | | | |
| | | | |
| What direct and indirect measures will be used to assess student learning? | | | |
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| When will assessment activities occur and at what frequency? | | | |
| | | | |

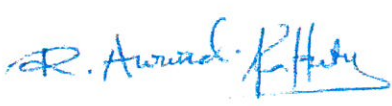
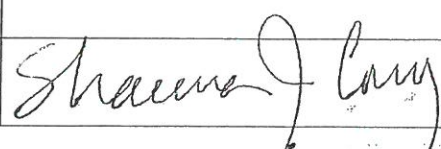
**MODIFICATIONS/NAME CHANGES/CIP CODE CHANGES – FILL OUT THIS SECTION IF YOU SELECTED
#3 OR #6 ABOVE**

| | | | | |
|--|--|--|---|----|
| Current name of component or degree: | Interior Design Minor | | | |
| New name of component or degree: | Interior <u>Architecture and</u> Design Minor | | | |
| Number of credits: | 18 | | | |
| Describe the modification are you making: | Only changing the title/name of the existing minor; no changes proposed to course or credit requirements | | | |
| Name of major or degree that the component is attached to: | Bachelor of Interior Architecture and Design (B.I.A.D.) | | | |
| Describe rationale for the modification: | New name aligns with the recent program and degree name change approved last year | | | |
| Indicate whether program, curriculum, course and admission requirements remain the same. | X | Yes – if you select yes to this question, please attach all curriculum and course documents related to this. | | No |
| Are any of the learning outcomes changing: | | Yes – if yes fill out question below | X | No |
| List the new learning outcomes: | 1. 2. 3. 4. 5. | | | |

DISCONTINUATION – FILL OUT THIS SECTION IF YOU SELECTED #4 OR #5 ABOVE

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|---|--|--|--|----|
| What are you requesting to discontinue: | | | | |
| What is the student impact if any? | | | | |
| Are there curriculum changes needed and/or do new courses need to be created: | | Yes – if you select yes to this question, please attach all curriculum and course documents related to this. | | No |

SIGNATURES – REQUIRED FOR ALL SELECTIONS:

| | | | |
|---|---|--------------|--------------------------|
| Dept/Unit Curriculum Committee Approval Date: | 09/25/2019 | Vote Record: | 3 in favor; None opposed |
| Dept Chair Signature of Approval |  | | |
| College Curriculum Committee Approval Date: | 09/26/2019 | Vote Record: | 5 in favor; None opposed |
| Dean Signature of Approval |  | | |