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**SOUTH DAKOTA BOARD OF REGENTS  
ACADEMIC AFFAIRS FORMS**

**Substantive Program Modification Form**

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<b>UNIVERSITY:</b>	<b>SDSU</b>
<b>CURRENT PROGRAM TITLE:</b>	<b>Health Education Minor [SHE]</b>
<b>CIP CODE:</b>	<b>31.0501</b>
<b>UNIVERSITY DEPARTMENT:</b>	<b>Health &amp; Nutritional Sciences</b>
<b>UNIVERSITY DIVISION:</b>	<b>Education &amp; Human Sciences</b>

**University Approval**

*To the Board of Regents and the Executive Director: I certify that I have read this proposal*

