

July 22, 2004

MEMORANDUM

TO: David Watt, Ph.D.  
Associate Provost for Academic Affairs

FR: Lori S. Gonzalez, Ph.D.  
Associate Dean for Academic Affairs

RE: New Course Proposal for Division of Clinical Laboratory Sciences

The College of Health Sciences Academic Affairs Committee recommends approval of the following new course proposal.

CSC 749 – CSC Dissertation Research

- Rationale: This new course allows students to complete the Doctor of Science degree.

CONTACT PERSON: Linda Gorman, Director of Graduate Studies, Clinical Laboratory Sciences. 323-1100, 80855.

## APPLICATION FOR NEW COURSE

1. Submitted by College of Graduate School Date 7/1/04  
Department/Division offering course Clinical Laboratory Science

2. Proposed designation and Bulletin description of this course

a. Prefix and Number CSC 749 b. Title\* CSC Dissertation Research

\*NOTE: If the title is longer than 24 characters (including spaces), write  
A sensible title (not exceeding 24 characters) for use on transcripts \_\_\_\_\_

c. Lecture/Discussion hours per week n/a d. Laboratory hours per week n/a

e. Studio hours per week n/a f. Credits 0

g. Course description

CSC DISSERTATION RESEARCH. (0)  
Half-time to full-time work on dissertation. May be repeated for a maximum of six semesters. Prereq: Registration for two full-time semesters of CSC 790 residence credit following the successful completion of the qualifying exams.

h. Prerequisites (if any)

Prereq: Registration for two full-time semesters of CSC 790 residence credit following the successful completion of the qualifying exams.

i. May be repeated to a maximum of 6 semesters (if applicable)

4. To be cross-listed as

\_\_\_\_\_  
Prefix and Number Signature, Chairman, cross-listing department

5. Effective Date Spring 2005 (semester and year)

6. Course to be offered  Fall  Spring  Summer

7. Will the course be offered each year?  Yes  No  
(Explain if not annually)

8. Why is this course needed?

To facilitate student enrollment as the student continues their research work after the end of 2 residency semesters

9. a. By whom will the course be taught? DGS and student's Major Advisor

b. Are facilities for teaching the course now available?  Yes  No  
If not, what plans have been made for providing them?

## APPLICATION FOR NEW COURSE

10. What enrollment may be reasonably anticipated? unlimited

11. Will this course serve students in the Department primarily?  Yes  No

Will it be of service to a significant number of students outside the Department?  
If so, explain.  Yes  No

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Will the course serve as a University Studies Program course?  Yes  No

If yes, under what Area? \_\_\_\_\_

12. Check the category most applicable to this course

traditional; offered in corresponding departments elsewhere;

relatively new, now being widely established

not yet to be found in many (or any) other universities

13. Is this course applicable to the requirements for at least one degree or certificate at the University of Kentucky?  Yes  No

14. Is this course part of a proposed new program:  
If yes, which?  Yes  No

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15. Will adding this course change the degree requirements in one or more programs?\*

If yes, explain the change(s) below

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16. Attach a list of the major teaching objectives of the proposed course and outline and/or reference list to be used.

17. If the course is a 100-200 level course, please submit evidence (e.g., correspondence) that the Community College System has been consulted.  Check here if 100-200.

18. If the course is 400G or 500 level, include syllabi or course statement showing differentiation for undergraduate and graduate students in assignments, grading criteria, and grading scales.  Check here if 400G-500.

19. Within the Department, who should be contacted for further information about the proposed course?

Name Linda S. Gorman, PhD  
DGS for CLS graduate program

Phone Extension 3-1100 ext. 80855

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\*NOTE: Approval of this course will constitute approval of the program change unless other program modifications are proposed.

## APPLICATION FOR NEW COURSE

**Signatures of Approval:**

Department Chair	Date
Dean of the College	Date
	Date of Notice to the Faculty
*Undergraduate Council	Date
*University Studies	Date
*Graduate Council	Date
*Academic Council for the Medical Center	Date
*Senate Council (Chair)	Date of Notice to University Senate

\*If applicable, as provided by the Rules of the University Senate

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ACTION OTHER THAN APPROVAL