

APPLICATION FOR NEW COURSE

1. Submitted by the College of College of Health Sciences Date: April 1, 2008

Clinical Sciences/Div. of Clinical & Reproductive
Department/Division proposing course: Sciences

2. Proposed designation and Bulletin description of this course:

a. Prefix and Number RSC 790

b. Title* Reproductive Sciences Pre-Qualifying Research

*If title is longer than 24 characters, write a sensible title (24 characters or less) for use on transcripts:

RSC Pre-Qual Rsh.

c. Courses must be described by at least one of the categories below. Include the number of actual contact hours per week for each category, as applicable.

() CLINICAL () COLLOQUIUM () DISCUSSION () LABORATORY () LECTURE
() INDEPEND. STUDY () PRACTICUM () RECITATION (x) RESEARCH () RESIDENCY
() SEMINAR () STUDIO () OTHER – Please explain: _____

d. Please choose a grading system: Letter (A, B, C, etc.) Pass/Fail

e. Number of credit hours: 1-5

f. Is this course repeatable? YES NO If YES, maximum number of credit hours: N/A

g. Course description:

Research in Reproductive Sciences prior to the pre-qualifying examination. Students will identify a research problem , develop research skills, apply research methods and write a research proposal.

h. Prerequisite(s), if any:

Successful completion of years 1 and 2 of the RSC Ph.D. curriculum, including rotations in a minimum of 3 different research laboratories.

i. Will this course be offered through Distance Learning? YES NO

If YES, please circle one of the methods below that reflects how the majority of the course content will be delivered:

Internet/Web-based Interactive video Extended campus Kentucky Educational Television (KET/teleweb) Other

Please describe "Other": _____

3. Teaching method: N/A or Community-Based Experience Service Learning Component Both

4. To be cross-listed as: N/A
Prefix and Number Signature of chair of cross-listing department

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5. Requested effective date (term/year): Fall / 2011
6. Course to be offered (please check all that apply): Fall Spring Summer
7. Will the course be offered every year? YES NO
If NO, please explain: _____
8. Why is this course needed?
Requirement for Ph.D. in Reproductive Sciences.
-
9. a. By whom will the course be taught? Research faculty mentoring student in laboratory.
- b. Are facilities for teaching the course now available? YES NO
If NO, what plans have been made for providing them?

10. What yearly enrollment may be reasonably anticipated?
8-10
-
11. a. Will this course serve students primarily within the department? Yes No
- b. Will it be of interest to a significant number of students outside the department? YES NO
If YES, please explain.
Pret-qualifying research for the specific Ph.D.
-
12. Will the course serve as a University Studies Program course[†]? YES NO
If YES, under what Area? _____
[†]AS OF SPRING 2007, THERE IS A MORATORIUM ON APPROVAL OF NEW COURSES FOR USP.
13. Check the category most applicable to this course:
- traditional – offered in corresponding departments at universities elsewhere
- relatively new – now being widely established
- not yet to be found in many (or any) other universities
14. Is this course applicable to the requirements for at least one degree or certificate at UK? Yes No
15. Is this course part of a proposed new program? YES NO
If YES, please name: Ph.D. in Reproductive Sciences
16. Will adding this course change the degree requirements for ANY program on campus? YES NO
If YES[†], list below the programs that will require this course:

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‡In order to change the program(s), a program change form(s) must also be submitted.

17. The major teaching objectives of the proposed course, syllabus and/or reference list to be used are attached.
18. Check box if course is 400G or 500. If the course is 400G- or 500-level, *you must include a syllabus showing differentiation* for undergraduate and graduate students by (i) requiring additional assignments by the graduate students; and/or (ii) the establishment of different grading criteria in the course for graduate students. (See *SR 3.1.4*)

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

323-1100

Name: ChemYong (Jay) Ko Phone: X80846 Email: cko2@uky.edu

20. Signatures to report approvals:

DATE of Approval by Department Faculty	/	Reported by Department Chair	signature
DATE of Approval by College Faculty	/	Reported by College Dean	signature
* DATE of Approval by Undergraduate Council	/	Reported by Undergraduate Council Chair	signature
* DATE of Approval by Graduate Council	/	Reported by Graduate Council Chair	signature
* DATE of Approval by Health Care Colleges Council (HCCC)	/	Reported by Health Care Colleges Council Chair	signature
* DATE of Approval by Senate Council	Reported by Office of the Senate Council		
* DATE of Approval by University Senate	Reported by Office of the Senate Council		

*If applicable, as provided by the *University Senate Rules*. (<http://www.uky.edu/USC/New/RulesandRegulationsMain.htm>)