



## APPLICATION FOR NEW COURSE

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?  
To allow medical students needing to complete special requirements and/or remediation to maintain student status without necessarily being charged inappropriate tuition.
9. a. By whom will the course be taught? Faculty of the College of Medicine
- 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?  
1-3
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.
12. Will the course serve as a University Studies Program course<sup>†</sup>?  YES  NO  
If YES, under what Area? \_\_\_\_\_
- <sup>†</sup>AS OF SPRING 2007, THERE IS A HIATUS 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: \_\_\_\_\_
16. Will adding this course change the degree requirements for ANY program on campus?  YES  NO  
If YES<sup>‡</sup>, list below the programs that will require this course:

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


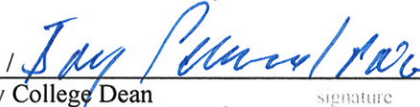

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17.  The major teaching objectives of the proposed course, syllabus and/or reference list to be used are attached.
18.  Check box if course is 400G- or 500-level. If the course is 400G- or 500-level, you must include a syllabus showing differentiation 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?

Name: C. Darrell Jennings, MD Phone: 257-5286 Email: cdjenn@uky.edu

20. Signatures to report approvals:

<p style="text-align: center;"><u>8-26-09</u></p> <p>DATE of Approval by Department Faculty</p>	<p>C. Darrell Jennings, MD </p> <p>printed name      Reported by Department Chair      signature</p>
<p style="text-align: center;"><u>Marna Peterson 9/2/09</u></p> <p>DATE of Approval by College Faculty</p>	<p>Jay Perman, MD </p> <p>printed name      Reported by College Dean      signature</p>
<p style="text-align: center;"><u>8-27-09</u></p> <p>* DATE of Approval by Undergraduate Council Curriculum Committee</p>	<p>C. Darrell Jennings, MD </p> <p>printed name      Reported by Undergraduate Council Chair Curriculum Committee      signature</p>
<p>* DATE of Approval by Graduate Council</p>	<p style="text-align: center;">/</p> <p>printed name      Reported by Graduate Council Chair      signature</p>
<p>* DATE of Approval by Health Care Colleges Council (HCCC)</p>	<p style="text-align: center;">/</p> <p>printed name      Reported by Health Care Colleges Council Chair      signature</p>
<p>* DATE of Approval by Senate Council</p>	<p>Reported by Office of the Senate Council</p>
<p>* DATE of Approval by University Senate</p>	<p>Reported by Office of the Senate Council</p>

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

**17. Requirement for admission to MD 800**

Remedial, research, or special projects must have both the specific content and the criteria for achieving a passing grade fully defined before the Dean will approve a request to take MD 800.