

**UNIVERSITY OF KENTUCKY  
APPLICATION FOR NEW COURSE**

1. Submitted by College of Medicine Date February 1,2001

Department/Division offering course School of Public Health

2. Proposed designation and Bulletin description of this course

a. Prefix and Number SPH 616 b. Title\* Cardiovascular Disease Epidemiology

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

c. Lecture/Discussion hours per week 3 d. Laboratory hours per week 0

e. Studio hours per week 0 f. Credits 3

g. Course description

This course is designed to study and evaluate the broad array of epidemiologic studies on cardiovascular disease and the impact on prevention policy.

h. Prerequisites (if any)

Enrollment in a Public Health degree program, SPH 605/PM 620 – Introduction to Epidemiology, or consent of instructor.

i. May be repeated to a maximum of \_\_\_\_\_ (if applicable)

4. To be cross-listed as

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

5. Effective Date Fall 2003 (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?

This course fulfills a concentration requirement in the Public Health curriculum.

9. a. By whom will the course be taught? Thomas Tucker, Ph.D

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

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10. What enrollment may be reasonably anticipated? 15-20

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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? \_\_\_\_\_

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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 part of a proposed new program:  Yes  No  
If yes, which?

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14. Will adding this course change the degree requirements in one or more programs? \*  Yes  No  
If yes, explain the change(s) below

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

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

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

Name Joel Lee, Dr.P.H. Phone Extension 323-5059 x285

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

Signatures of Approval:

*[Signature]*  
Department Chair

11/08/01

Date

Dean of the College

*[Signature]*

3-12-02

Date

Date of Notice to the Faculty

1/25/02

Date

*[Signature]*  
Curriculum Committee / Undergraduate Council

3/1/02

Date

*[Signature]*  
Faculty Council / University Studies

9-22-03

Date

*[Signature]*  
Graduate Council

4/28/03

Date

*[Signature]*  
\*Academic Council for the Medical Center

\*Senate Council (Chair)

Date of Notice to University Senate

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

ACTION OTHER THAN APPROVAL