

**UNIVERSITY OF KENTUCKY
APPLICATION FOR NEW COURSE**

1. Submitted by College of Medicine Date February 26, 2002

Department/Division offering course School of Public Health

2. Proposed designation and Bulletin description of this course

a. Prefix and Number SPH 630 b. Title* Biostatistics II

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

c. Lecture/Discussion hours per week 2 d. Laboratory hours per week 2

e. Studio hours per week 0 f. Credits 3

g. Course description
Students will learn statistical methods used in public health studies. This includes receiver operator curves, multiple regression logistic regression, confounding and stratification, the Mantel-Haenzel procedure, and the Cox proportional hazardous model.

h. Prerequisites (if any)

STA 580 or equivalent

i. May be repeated to a maximum of N/A (if applicable)

4. To be cross-listed as

STA 681

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 will be required for the Biostatistics track and the Epidemiology track in the MPH program. Students in these tracks need to learn multivariable methods for analyzing data routinely encountering in public health studies.

9. a. By whom will the course be taught? Richard Kryscio, Ziyad Mahfoud

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? estimated 15 students per year

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

Although primarily for SPH students, some graduate students in the Biomedical Sciences may find this course useful. This includes students in Nursing, Pharmacy, Dentistry, and Gerontology.

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

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

If yes, explain the change(s) below

Yes No

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 Richard J. Kryscio Phone Extension 7-4064

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

Signatures of Approval:

[Handwritten Signature]

Department Chair

11/08/01

Date

[Handwritten Signature]

Dean of the College

3-12-02

Date

[Handwritten Signature]

Curriculum Committee Undergraduate Council

Date of Notice to the Faculty

1/25/02

Date

[Handwritten Signature]

Faculty Council *University Studies

3/1/02

Date

[Handwritten Signature]

*Graduate Council

11/11/09

Date

[Handwritten Signature]

*Academic Council for the Medical Center

4/28/03

Date

*Senate Council (Chair)

Date of Notice to University Senate

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

ACTION OTHER THAN APPROVAL


**GRADUATE COUNCIL
INVESTIGATOR REPORT**

Course/Courses/Program: SPH 630

Category (check one): New Change Drop

Date for Council Review: October 2, 2003

Recommendation (circle one): Approve Approve with Reservation Disapprove

Investigator's Signature: 

INSTRUCTIONS:

The following questions are included as an outline only. Be as specific and as brief as possible. If the investigation was routine, please indicate this. Attach supplements as needed. Please return the form to Lissa Holland, 355 P.O.T., 0027, at least two days before the next Council meeting.

1. List any modifications made in the course proposal as submitted originally and reason(s) why.

None

2. If no modifications were made, review considerations which arose during the investigation and the resolutions.

3. List contact(s) with program units and the considerations discussed therein.

Spoke with Richard Kryscio about the application. He has a joint appointment between Statistics and the School of Public Health. He brought the proposed course before the Statistics Department and they chose to cross-list the course, as shown in the application.

4. Additional information as needed.