

**UNIVERSITY OF KENTUCKY
APPLICATION FOR NEW COURSE**

1. Submitted by College of Medicine Date September 25, 2001

Department/Division offering course School of Public Health

2. Proposed designation and Bulletin description of this course

a. Prefix and Number SPH 646 b. Title* Special Topics in Behavioral Health : (Title)

*NOTE: If the title is longer than 24 characters (including spaces), write

A sensible title (not exceeding 24 characters) for use on transcripts Spec Topic in Behav Hlth

c. Lecture/Discussion hours per week 1-3 d. Laboratory hours per week 0

e. Studio hours per week 0 f. Credits 1-3

g. Course description

This course will engage students in readings, projects, lectures and /or discussions to address current topics of special interest or concerns.

h. Prerequisites (if any)

Enrollment in a Public Health degree program or consent of the instructor.

i. May be repeated to a maximum of 6 semester hours (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?

To enhance the skills of Public Health students with research or special study interest.

9. a. By whom will the course be taught? Faculty in the course area.

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? 15-25

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

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: Yes No
If yes, which?

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

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:

[Handwritten Signature]

Department Chair

11/08/01

Date

[Handwritten Signature]

Dean of the College

3-12-02

Date

Date of Notice to the Faculty

1/25/02

Date

[Handwritten Signature]

Curriculum Committee / Undergraduate Council

[Handwritten Signature]

3/1/02

Date

Faculty Council *University Studies

[Handwritten Signature]

*Graduate Council

11/11/03

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 798 Special Topics in Health Behavior
Category (circle 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.
Due to a collating problem, the most current paperwork was not available; however, this was corrected by Joel Lee. The course description referred to Special Topics in Health Services Management, not Behavioral Health. This has been corrected.
2. If no modifications were made, review considerations which arose during the investigation and the resolutions.
- 5 List contact(s) with program units and the considerations discussed therein.
Identified above.
4. Additional information as needed.