# UNIVERSITY OF KENTUCKY APPLICATION FOR NEW COURSE

Submitted by College of Medicine	Date September 9, 2001				
Department/Division offering course School of Public Health					
roposed designation and Bulletin description of this course					
	Practice through Service Learning write				
A sensible title (not exceeding 24 characters) for use on transcripts	PH Service Learning				
c. Lecture/Discussion hours per week <u>2</u> d. Labora	tory hours per week 2				
e. Studio hours per week <u>0</u> f. Credits	3				
g. Course description					
This course will provide students the opportunity to gain first hand public hea	Ith experience by participating in projects				
	eminars.				
	rigulum or consent of instructor				
Enforment in a Fuone Health degree program and completion of the core cur	incurum, or consent of instructor.				
i. May be repeated to a maximum of	(if applicable)				
To be cross-listed as					
Prefix and Number Signatur	e, Chairman, cross-listing department				
Effective Date Fall 2003 (seme	ster and year)				
Course to be offered 🛛 Fall 🗌 Spring 🗌 Sur	nmer				
Will the course be offered each year? (Explain if not annually)	🛛 Yes 🗌 No				
Why is this course needed?					
This course provides an opportunity for students to learn the value of experimental learning through partnerships in the					
community and around the state.					
a. By whom will the course be taught? John Poundstone, M.D., Sanford Ho	rstman, PhD, Joel Lee, DrPH				
b. Are facilities for teaching the course now available? If not, what plans have been made for providing them?	🛛 Yes 🔲 No				
	Department/Division offering course  School of Public Health    Proposed designation and Bulletin description of this course  a.    a.  Prefix and Number <u>SPH 695</u> b. Title* <u>Public Health</u> *NOTE: If the title is longer than 24 characters (including spaces), A sensible title (not exceeding 24 characters) for use on transcripts    c.  Lecture/Discussion hours per week  2  d. Labora    e.  Studio hours per week  0  f. Credits    g.  Course description  This course will provide students the opportunity to gain first hand public heat    in a community setting, completing a project, and participating in a series of s  h.    Prerequisites (if any)  Enrollment in a Public Health degree program and completion of the core curre    i.  May be repeated to a maximum of				

# UNIVERSITY OF KENTUCKY APPLICATION FOR NEW COURSE

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: 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 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	Name J	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.

### UNIVERSITY OF KENTUCKY APPLICATION FOR CHANGE IN EXISTING COURSE: MAJOR & MINOR PAGE 2 OF 2

11 Is this a minor change?

Yes 🛛 No

(NOTE: See the description on this form of what constitutes a minor change. Minor changes are sent directly from the Dean of the College to the Chair of the Senate Council. If the latter deems the change not to be minor, it will be sent to the appropriate Council for normal processing.)

### 12 Within the Department, who should be consulted for further information on the proposed course change?

Name: Joel Lee, Dr.P.H.	Phone Extension:323-5059 x285
Signatures of Approval:	
Department Chair ( )	11/04/01 Date
Dean of the College	<u>3-12-02</u> Date
KONMA, Bruhns	Date of Notice to the Faculty $ 25 02$
uRRICUlup Committe Elindergiaduale Council	Date 3/1/02
Jeannine Blackwell	11/11/03 Date
*Graduete Council Shullis P. Destifet *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

#### \*\*\*\*\*\*

The Minor Change route for courses is provided as a mechanism to make changes in existing courses and is limited to one or more of the following:

- a. change in number within the same hundred series;
- b. editorial change in description which does not imply change in content or emphasis;
- c. editorial change in title which does not imply change in content or emphasis;
- d. change in prerequisite which does not imply change in content or emphasis;
- e. cross-listing of courses under conditions set forth in item 3.0;
- f. correction of typographical errors. [University Senate Rules, Section III 3.1]