## UNIVERSITY OF KENTUCKY APPLICATION FOR NEW COURSE

-	Prerequisites (if any)  Enrollment in a Public Health degree	b. Title* er than 24 characters (incing 24 characters) for us  1-3  0  radings, projects, lecture	cluding spaces), write on transcripts  d. Laborator f. Credits s and / or discussion	ite Spec Topes y hours per week ns to address curr	1-3
a. c. e. g	Prefix and Number SPH 758  *NOTE: If the title is longer A sensible title (not exceed)  Lecture/Discussion hours per week  Studio hours per week  Course description  This course will engage students in reinterest or concerns.  Prerequisites (if any)  Enrollment in a Public Health degree	b. Title* er than 24 characters (incing 24 characters) for us  1-3  0  eadings, projects, lecture	cluding spaces), write on transcripts  d. Laborator f. Credits s and / or discussion	ite Spec Topes y hours per week ns to address curr	s in Hlth Serv Mgt
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e. g. - h.	Studio hours per week  Course description  This course will engage students in reinterest or concerns.  Prerequisites (if any)  Enrollment in a Public Health degree	eadings, projects, lecture	f. Credits	ns to address curr	1-3
g. - h	Course description  This course will engage students in reinterest or concerns.  Prerequisites (if any)  Enrollment in a Public Health degree	program or consent of the	s and / or discussion		rent topics of special
- h -	This course will engage students in reinterest or concerns.  Prerequisites (if any)  Enrollment in a Public Health degree	program or consent of the			
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1.	May be repeated to a maximum of	6 semester hours			(if applicable)
To be	e cross-listed as				
	Prefix and Nu	ımber	Signature, C	Chairman, cross-l	listing department
Effec	ctive Date Fall 2003		(semeste	r and year)	
Cour	rse to be offered	Fall Sprin	g 🔲 Summ	er	
Will	the course be offered each year?		_		⊠ Yes □ No
	plain if not annually)				
XX 71	. 1 10				
•	is this course needed?				
To eı	nhance the skills of Public Health stud	ents with research or spe	ecial study interests.	<u>·                                      </u>	
a.	By whom will the course be taught?	Faculty in the course	e area.		
b.	Are facilities for teaching the course	now available?			⊠ Yes □ No
	If not, what plans have been made for				

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10.	What enrollment may be reasonably anticipated? 15-20			
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			
	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 Commbeen consulted.	nunity College	System has	
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 x	287	

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

Signatures of Approval:	
Dean of the College  Dean of the Manual College	/04/6    Date   3-/2-62   Date
Jurance June Council  Faculty Equal 1 *University Studies	Date of Notice to the Faculty
*Graduate Council  *Graduate Council  *Academic Council for the Medical Center	Date //28/03 Date
*Senate Council (Chair)  *If applicable, as provided by the Rules of the University Senate	Date of Notice to University Anate
ACTI <b>ON OTHER</b> THAN APPROVAL	

## **GRADUATE COUNCIL**

## **INVESTIGATOR REPORT**

Course/Courses/Program Category (circle one):	SPH 758 Special T New	opics in Health Behavior 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. In the materials we received, the course listed lab hours. However, it was not clear how the lab hours fit in with the course credit. After speaking with Joel Lee, a more current application was received that indicated no lab hours for the course.									
2. If no modifications were made, review considerations which arose during the investigation and the resolutions.									
6 List contact(s) with program units and the considerations discussed therein.  Identified above.									
7 Additional information as nee	eded.								