

# APPLICATION FOR CHANGE IN EXISTING COURSE: MAJOR and MINOR

1. Submitted by the College of Arts & Sciences Date: 3/13/08

Department/Division offering course: Mod. & Class. Lang. Lit. & Cult. - Classics

2. What type of change is being proposed?  Major  Minor\*

\*See the description at the end of this form regarding 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 Senate Council chair deems the change not to be minor, the form will be sent to the appropriate Council for normal processing and an email notification will be sent to the contact person.

### PROPOSED CHANGES

Please complete all "Current" fields.

Fill out the "Proposed" field only for items being changed. Enter N/A if not changing.

Circle the number for each item(s) being changed. For example: (6.)

3. Current prefix & number: CLA 611 Proposed prefix & number: N/A

LATIN OF THE LATER ROMAN EMPIRE  
AND EARLY MIDDLE AGES)

4. Current Title LATIN OF ANCIENT ROME AND THE MIDDLE AGES:

(subtitle required)

Proposed Title<sup>†</sup> \_\_\_\_\_

<sup>†</sup>If title is longer than 24 characters (including spaces), write a sensible title (24 characters or less) for use on transcripts:

LAT ROM-MEDIEV:(abbrev. subtitle)

5. Current number of credit hours: 3 Proposed number of credit hours: N/A

6. Currently, is this course repeatable? YES  NO  If YES, current maximum credit hours: 9

Proposed to be repeatable? YES  NO  If YES, proposed maximum credit hours: \_\_\_\_\_

7. Current grading system:  Letter (A, B, C, etc.)  Pass/Fail

Proposed grading system:  Letter (A, B, C, etc.)  Pass/Fail

8. Courses must be described by at least one of the categories below. Include the number of actual contact hours per week for each category, as applicable.

Current:

( ) CLINICAL ( ) COLLOQUIUM ( ) DISCUSSION ( ) LABORATORY (3) LECTURE  
 ( ) INDEPEND. STUDY ( ) PRACTICUM ( ) RECITATION ( ) RESEARCH ( ) RESIDENCY  
 ( ) SEMINAR ( ) STUDIO ( ) OTHER – Please explain: \_\_\_\_\_

Proposed:

( ) CLINICAL ( ) COLLOQUIUM ( ) DISCUSSION ( ) LABORATORY (N/A) LECTURE  
 ( ) INDEPEND. STUDY ( ) PRACTICUM ( ) RECITATION ( ) RESEARCH ( ) RESIDENCY  
 ( ) SEMINAR ( ) STUDIO ( ) OTHER – Please explain: \_\_\_\_\_



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N/A

16. Please list any other department that could be affected by the proposed change:

N/A

17. Will changing this course change the degree requirements for ANY program on campus?  YES  NO

If YES<sup>†</sup>, list below the programs that require this course:

<sup>†</sup>In order for the course change to be considered, program change form(s) for the programs above must also be submitted.

18. Is this course currently included in the University Studies Program?  Yes  No

19.  Check box if changed to 400G or 500. If changed to 400G- or 500-level, you must include a syllabus showing differentiation for undergraduate and graduate students by (i) requiring additional assignments by the graduate students; and/or (ii) the establishment of different grading criteria in the course for graduate students. (See SR 3.1.4)

20. Within the department, who should be contacted for further information on the proposed course change?

Name: James A. Francis Phone: 7-1603 Email: j.francis@uky.edu

21. Signatures to report approvals:

<u>2/19/08</u> DATE of Approval by Department Faculty	<u>THEODORE FIEDLER</u> / <u>Theodore Fiedler</u> <small>printed name</small> <span style="float: right;"><small>signature</small></span>	Reported by Department Chair
<u>3/21/08</u> DATE of Approval by College Faculty	<u>Leonidas Bachas</u> / <u>[Signature]</u> <small>printed name</small> <span style="float: right;"><small>signature</small></span>	Reported by College Dean
*DATE of Approval by Undergraduate Council	/ <small>printed name</small> <span style="float: right;"><small>signature</small></span>	Reported by Undergraduate Council Chair
*DATE of Approval by Graduate Council	/ <small>printed name</small> <span style="float: right;"><small>signature</small></span>	Reported by Graduate Council Chair
*DATE of Approval by Health Care Colleges Council (HCCC)	/ <small>printed name</small> <span style="float: right;"><small>signature</small></span>	Reported by Health Care Colleges Council Chair
*DATE of Approval by Senate Council	Reported by Office of the Senate Council	
*DATE of Approval by the University Senate	Reported by the Office of the Senate Council	

\*If applicable, as provided by the *University Senate Rules*. (<http://www.uky.edu/USC/New/RulesandRegulationsMain.htm>)

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Excerpt from *University Senate Rules*: