

APPLICATION FOR NEW COURSE

1. Submitted by the College of Arts and Sciences Date: 2.12.08

Department/Division proposing course: Judaic Studies

2. Proposed designation and Bulletin description of this course:

a. Prefix and Number HJS 327

b. Title* Women in Judaism

*If title is longer than 24 characters, write a sensible title (24 characters or less) for use on transcripts:

c. 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.

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

d. Please choose a grading system: Letter (A, B, C, etc.) Pass/Fail

e. Number of credit hours: 3

f. Is this course repeatable? YES NO If YES, maximum number of credit hours: _____

g. Course description:

An investigation of the history, literature, and experiences of women in Judaism

h. Prerequisite(s), if any:

i. Will this course be offered through Distance Learning? YES NO

If YES, please circle one of the methods below that reflects how the majority of the course content will be delivered:

Internet/Web-based Interactive video Extended campus Kentucky Educational Television (KET/teleweb) Other

Please describe "Other": _____

3. Teaching method: N/A or Community-Based Experience Service Learning Component Both

4. To be cross-listed as: _____
Prefix and Number Signature of chair of cross-listing department

5. Requested effective date (term/year): Fall / 2008

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6. Course to be offered (please check all that apply): Fall Spring Summer
7. Will the course be offered every year? YES NO
If NO, please explain: _____
8. Why is this course needed?
There is student demand
-
9. a. By whom will the course be taught? Dr S Rosenbaum
- b. Are facilities for teaching the course now available? YES NO
If NO, what plans have been made for providing them?

10. What yearly enrollment may be reasonably anticipated?
25
-
11. a. Will this course serve students primarily within the department? Yes No
- b. Will it be of interest to a significant number of students outside the department? YES NO
If YES, please explain.
Our courses attract students from across the University
-
12. Will the course serve as a University Studies Program course[†]? YES NO
If YES, under what Area? _____
- [†]AS OF SPRING 2007, THERE IS A MORATORIUM ON APPROVAL OF NEW COURSES FOR USP.
13. Check the category most applicable to this course:
- traditional – offered in corresponding departments at universities elsewhere
- relatively new – now being widely established
- not yet to be found in many (or any) other universities
14. Is this course applicable to the requirements for at least one degree or certificate at UK? Yes No
15. Is this course part of a proposed new program? YES NO
If YES, please name: _____
16. Will adding this course change the degree requirements for ANY program on campus? YES NO
If YES[†], list below the programs that will require this course:

[†]In order to change the program(s), a program change form(s) must also be submitted.

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17. The major teaching objectives of the proposed course, syllabus and/or reference list to be used are attached.

18. Check box if course is 400G or 500. If the course is 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*)

19. Within the department, who should be contacted for further information about the proposed new course?

Name: Oliver Leaman Phone: 3-2272 Email: oliver.leaman@uky.edu

20. Signatures to report approvals:

2.12.08 DATE of Approval by Department Faculty	oliver leaman printed name	/ Reported by Department Chair	 signature
DATE of Approval by College Faculty	/ printed name	/ Reported by College Dean	/ signature
* DATE of Approval by Undergraduate Council Approval UC 9/30/08	/ printed name	/ Reported by Undergraduate Council Chair	/ signature
* DATE of Approval by Graduate Council	/ printed name	/ Reported by Graduate Council Chair	/ signature
* DATE of Approval by Health Care Colleges Council (HCCC)	/ printed name	/ Reported by Health Care Colleges Council Chair	/ signature
* DATE of Approval by Senate Council	Reported by Office of the Senate Council		
* DATE of Approval by University Senate	Reported by Office of the Senate Council		

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