

0001 0010

## APPLICATION FOR NEW COURSE

1. Submitted by College of Design Date 01 June 2006

Department/Division offering course Historic Preservation

2. Proposed designation and Bulletin description of this course

a. Prefix and Number HP 785 b. Title\* Independent Study in Historic Preservation

\*NOTE: If the title is longer than 24 characters (including spaces), write  
A sensible title (not exceeding 24 characters) for use on transcripts \_\_\_\_\_

c. Lecture/Discussion hours per week 0 d. Laboratory hours per week 0

e. Studio hours per week 0 f. Credits 3

g. Course description

Independent investigation of selected topics in historic preservation under the supervision of a faculty member with proficiency in the investigation area. May be repeated for a maximum of six credits. Prereq: Nine credit hours of graduate study, written consent of instructor, and contractual agreement approved by Department Chair.

h. Prerequisites (if any)

Nine credit hours of graduate study, written consent of instructor, and contractual agreement approved by Department Chair.

i. May be repeated to a maximum of six credits. (if applicable)

4. To be cross-listed as

N/A

Prefix and Number

Signature, Chairman, cross-listing department

5. Effective Date Fall 2007 (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?

This course provides the opportunity for graduate level independent study under a department course number.

9. a. By whom will the course be taught? Department faculty

b. Are facilities for teaching the course now available?  Yes  No  
If not, what plans have been made for providing them?


## APPLICATION FOR NEW COURSE

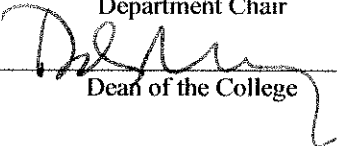
10. What enrollment may be reasonably anticipated? under 5 students per semester
- 
11. Will this course serve students in the Department primarily?  Yes  No  
Will it be of service to a significant number of students outside the Department?  
If so, explain.  Yes  No
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- 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 applicable to the requirements for at least one degree or certificate at the University of Kentucky?  Yes  No
14. Is this course part of a proposed new program:  
If yes, which?  Yes  No
- 
15. Will adding this course change the degree requirements in one or more programs? \*  
If yes, explain the change(s) below  Yes  No
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16. Attach a list of the major teaching objectives of the proposed course and outline and/or reference list to be used.
17. If the course is a 100-200 level course, please submit evidence (e.g., correspondence) that the Community College System has been consulted.  Check here if 100-200.
18. If the course is 400G or 500 level, include syllabi or course statement showing differentiation for undergraduate and graduate students in assignments, grading criteria, and grading scales.  Check here if 400G-500.
19. Within the Department, who should be contacted for further information about the proposed course?  
Name Clyde Carpenter, Department Chair Phone Extension 7-3651


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

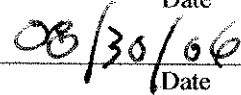
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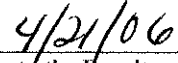
**Signatures of Approval:**

  
Department Chair

  
Dean of the College

  
Date

  
Date

  
Date of Notice to the Faculty

\*Undergraduate Council

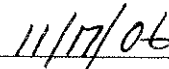
Date

\*University Studies

Date



\*Graduate Council



Date

\*Academic Council for the Medical Center

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

HP 785 will require an individualized contract between the instructor, student, and Department Chair. Each contract will outline student learning objectives, course requirements, and completion schedules.

# HP 785 INDEPENDENT STUDY IN HISTORIC PRESERVATION

## LEARNING CONTRACT

Student Name:

Term/Year

Address:

City/ST/Zip:

Phone:

Email:

SSN#

Faculty Member serving as Instructor/Advisor

Name

Address:

City/ST/Zip

Phone:

Starting Date:

Ending Date:

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Describe your independent study project/investigation:

List your learning objectives for this project/investigation. They must be measurable and achievable.

Specify the assignments and deliverable end products agreed upon with your instructor/advisor

Specify dates and times you have agreed to meet with your instructor for critical review of your work:

# HP 798 INDEPENDENT STUDY IN HISTORIC PRESERVATION

## LEARNING CONTRACT, PAGE 2

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Faculty Signature

Date

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Dept. Chair Signature

Date

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Student Signature

Date