

College of Education
Office of the Associate Dean
Research and Graduate Studies
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April 14, 2008

MEMORANDUM

TO: Graduate Council

FROM: Deborah Slaton, Associate Dean
Research and Graduate Studies

DS

Re: Attached

The College of Education has approved and submits for consideration the following:

Application for New Course Special Education and Rehabilitation Counseling

Prefix and Number IEC 768

Title: Residence Credit for the Master's Degree

1-6 credit hours

Course description:

Prerequisites:

Rationale : This is a new course for a revised program in Interdisciplinary Early Childhood Education (IECE) now housed in COE.

UNIVERSITY SENATE ROUTING LOG

Proposal Title: Add course IEC 768

Name/email/phone for proposal contact: Debra Harley dharl00@uky.edu

Instruction: To facilitate the processing of this proposal please identify the groups or individuals reviewing the proposal, identify a contact person for each entry, provide the consequences of the review (specifically - approval, rejection, no decision and vote outcome, if any) and please attach a copy of any report or memorandum developed with comments on this proposal.

Reviewed by: (Chairs, Directors, Faculty Groups, Faculty Councils, Committees, etc)	Contact person Name (phone/email)	Consequences of Review:	Date of Proposal Review	Review Summary Attached? (yes or no)
Department of Special Education and Rehabilitation Counseling	Debra Harley <dharl00@uky.edu>	Approved	11/2/2005	no
Courses & Curricula Committee	Jason Horgan <jhorg00@uky.edu>	Approved	4/1/2008	yes
College of Education Faculty	Gary Schroeder <gschr01@uky.edu>	Approved	4/8/2008	yes

APPLICATION FOR NEW COURSE

1. Submitted by College of Education Date September 2005
Department/Division offering course EDSRC

2. Proposed designation and Bulletin description of this course

a. Prefix and Number IEC 768 b. Title* RESIDENCE CREDIT FOR THE MASTER'S DEGREE

*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 _____ d. Laboratory hours per week _____

e. Studio hours per week _____ f. Credits 1-6

g. Course description

h. Prerequisites (if any)

i. May be repeated to a maximum of 12 hours (if applicable)

4. To be cross-listed as

Prefix and Number

Signature, Chairman, cross-listing department

5. Effective Date Fall 06 (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 is a new course for a revised program in Interdisciplinary Early Childhood Education (IECE) now housed in the COE

9. a. By whom will the course be taught? IECE 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? 3-5
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 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? Yes No
If yes, which? _____
-
15. Will adding this course change the degree requirements in one or more programs?? Yes No
If yes, explain the change(s) below _____
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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 Lee Ann Jung Phone Extension 7-7901

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

APPLICATION FOR NEW COURSE

Signatures of Approval:

Debra M. Haskell
Department Chair

Paul Stator
Dean of the College

3/27/08
Date

4/14/08
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

The College of Education has approved and submits for consideration the following:

Application for Dropping a Course Department of Kinesiology and Health Promotion

Prefix and Number: KHP 515

Title: Anatomical and Mechanical Kinesiology

Lecture 3

Rationale: This course is being replaced by KHP 415