

REQUEST TO CHANGE DOCTORAL DEGREE PROGRAM

GENERAL INFORMATION

College: Arts and Sciences Department: History
Current Major Name: History Proposed Major Name: na
Current Degree Title: Ph.D. Proposed Degree Title: na
Current Formal Option(s): na Proposed Formal Option(s): _____
Current Specialty Fields w/in Formal Option: na Proposed Specialty Fields w/in Formal Option: _____
Date of Contact with Associate Provost for Academic Administration¹: 1/7/2010
Bulletin (yr & pgs): _____ CIP Code¹: 54.0101 Today's Date: 1/7/2010
Accrediting agency (if applicable): _____
Requested Effective Date: Semester following approval. OR Specific Date²: _____
Dept Contact Person: David Hamilton Phone: 7-3104 Email: dehami01@uky.edu

CHANGE(S) IN PROGRAM REQUIREMENTS

	<u>Current</u>	<u>Proposed</u>
1. Number of transfer credits allowed: <i>(Maximum is Graduate School limit of total of 9 hours (or 25% of the credit hours needed to fulfill the pre-qualifying residency requirement.)</i>	<u>na</u>	_____
2. Residence requirement: <i>(Minimum of one year before and after Qualifying Exams.)</i>	<u>na</u>	_____
3. Language(s) and/or skill(s) required:	<u>na</u>	_____
4. Provisions for monitoring progress and termination criteria:	<u>na</u>	_____
5. Total credit hours required:	<u>na</u>	_____
6. Required courses:	<u>HIS 606</u>	<u>HIS 606 and HIS 750</u>
7. Required distribution of courses within program:	<u>na</u>	_____
8. Minor area or courses outside program required:	<u>na</u>	_____
9. Distribution of courses levels required (400G-500/600-700):	<u>na</u>	_____
10. Qualifying examination requirements:	<u>na</u>	_____

¹ Prior to filling out this form, you MUST contact the Associate Provost for Academic Administration (APAA). If you do not know the CIP code, the APAA can provide you with that during the contact.

² Programs are typically made effective for the semester following approval. No program will be made effective until all approvals are received.

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11. Explain whether the proposed changes to the program (as described in numbers 1 through 10) involve courses offered by another department/program. Routing Signature Log must include approval by faculty of additional department(s).

No. This course is limited to History doctoral students.

12. Other requirements not covered above:

na

13. What is the rationale for the proposed changes? If the rationale involves accreditation requirements, please include specific references to those requirements.

Many departments have established one- or two-credit courses aimed at discussing issues of professional development with advanced graduate students. This course is an attempt to formalize a set of informal and rather ad hoc efforts that the History Department has been attempting to establish (for about 20 years). We find that those students who are funded tend to have a clearer idea of expectations regarding the dissertation, research grants, teaching expectations, job placement, and other such issues than do the non-funded students. We hope the seminar will eliminate this disparity while also enabling the department to do a better job of preparing doctoral students to finish in a timely manner and to be better prepared for a first professional appointment.

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Signature Routing Log

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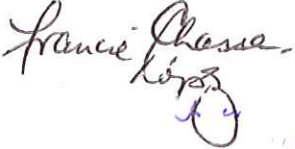


Proposal Name: History doctoral change

Proposal Contact Person Name: David Hamilton Phone: 7-3104 Email: dehami01@uky.edu

INSTRUCTIONS:

Identify the groups or individuals reviewing the proposal; note the date of approval; offer a contact person for each entry; and obtain signature of person authorized to report approval.

Internal College Approvals and Course Cross-listing Approvals:

Reviewing Group	Date Approved	Contact Person (name/phone/email)	Signature
Department	August 2009	Francie Chassen-Lopez / 74344 / frclopz@uky.edu / / / /	
A&S Educational Policy Cmte	2/9/10	David Hunter / 7-7016 / david.hunter@uky.edu	
A&S Assoc. Dean for Undergraduate Programs	2/9/10	Anna Bosch / 7-6689 / bosch@uky.edu	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ³
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval			
		University Senate Approval	

Comments:

³ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.