

APPLICATION FOR NEW COURSE

1. Submitted by the College of College of Health Sciences Date: April 1, 2008

Clinical Sciences/Div. of Clinical & Reproductive
Department/Division proposing course: Sciences

2. Proposed designation and Bulletin description of this course:

a. Prefix and Number RSC 767

b. Title * Reproductive Sciences Post-Qualifying Research

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

RSC Post-Qual Rsh

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 () 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: 2

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

g. Course description:

Research in Reproductive Sciences following successful completion of the qualifying examination. Research initiated in RSC 790 will be expanded to answer a proposed research question or questions. Following acceptable collection of data the student will write a dissertation and defend the dissertation at an oral defense. In addition the student must submit his/her findings to a peer-reviewed scientific publication journal.

h. Prerequisite(s), if any:

Successful completion of the qualifying examination.

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: N/A
Prefix and Number

Signature of chair of cross-listing department

APPLICATION FOR NEW COURSE

5. Requested effective date (term/year): Fall / 2011
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?
Requirement for Ph.D. in Reproductive Sciences
-
9. a. By whom will the course be taught? Research faculty mentoring student.
- 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?
8-10
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.
Post-qualifying research for the specific Ph.D.
-
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: Ph.D. in Reproductive Sciences
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:

APPLICATION FOR NEW COURSE

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

- 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: ChemYong (Jay) Ko Phone: 323-1100 X80846 Email: cko2@uky.edu

20. Signatures to report approvals:

5-30-08 DATE of Approval by Department Faculty

Karen O. Staff, Reported by Department Chair, signature

6-09-08 DATE of Approval by College Faculty

Sharon Stewart, Reported by College Dean, signature

* DATE of Approval by Undergraduate Council

Reported by Undergraduate Council Chair, signature

* DATE of Approval by Graduate Council

Reported by Graduate Council Chair, signature

7/15/08 * DATE of Approval by Health Care Colleges Council (HCCC)

Heidi Anderson, 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)