# REQUEST FOR CHANGE IN MASTERS DEGREE PROGRAM

## 1. GENERAL INFORMATION

<table>
<thead>
<tr>
<th>College:</th>
<th>College of Education</th>
<th>Department:</th>
<th>Educational, School, &amp; Counseling Psychology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Major Name:</td>
<td>Master's of Science in Counseling Psychology</td>
<td>Proposed Major Name:</td>
<td>N/A</td>
</tr>
<tr>
<td>Current Degree Title:</td>
<td>M.S. of Education</td>
<td>Proposed Degree Title:</td>
<td>N/A</td>
</tr>
<tr>
<td>Formal Option(s):</td>
<td>N/A</td>
<td>Proposed Formal Option(s):</td>
<td>N/A</td>
</tr>
<tr>
<td>Specialty Fields w/in Formal Option:</td>
<td>N/A</td>
<td>Proposed Specialty Fields w/in Formal Options:</td>
<td>N/A</td>
</tr>
<tr>
<td>Date of Contact with Associate Provost for Academic Administration¹:</td>
<td>11/23/2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accrediting Agency (if applicable):</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requested Effective Date:</td>
<td>☐ Semester following approval.</td>
<td>OR</td>
<td>☑ Specific Date²:</td>
</tr>
<tr>
<td>Dept. Contact Person:</td>
<td>Keisha Love</td>
<td>Phone:</td>
<td>7-8273</td>
</tr>
</tbody>
</table>

## 2. CHANGE(S) IN PROGRAM REQUIREMENTS

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of transfer credits allowed</td>
<td>9</td>
<td>(Maximum is Graduate School limit of 9 hours or 25% of course work)</td>
</tr>
<tr>
<td>2. Residence requirement (if applicable)</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>3. Language(s) and/or skill(s) required</td>
<td>English</td>
<td></td>
</tr>
<tr>
<td>4. Termination criteria</td>
<td>Consistent with Graduate School Requirements</td>
<td></td>
</tr>
<tr>
<td>5. Plan A Degree Plan requirements³ (thesis)</td>
<td>30 credits</td>
<td></td>
</tr>
<tr>
<td>6. Plan B Degree Plan requirements³ (non-thesis)</td>
<td>36 credits</td>
<td></td>
</tr>
<tr>
<td>7. Distribution of course levels required</td>
<td>500 level and above</td>
<td>(At least one-half must be at 600+ level &amp; two-thirds must be in organized courses.)</td>
</tr>
<tr>
<td>8. Required courses (if applicable)</td>
<td>EDP 557 EDP 600/603/604 EDP 605 EDP 630 EDP 649 EDP 652</td>
<td>EDP 557 EDP 600/603/604 EDP 605 EDP 630 EDP 649 EDP 652</td>
</tr>
</tbody>
</table>

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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 Program changes are typically made effective for the semester following approval. No changes will be made effective until all approvals are received.

³ If there is only one plan for the degree, plans involving a thesis (or the equivalent in studio work, etc.) should be discussed under Plan A and those not involving a thesis should be discussed under Plan B.
### REQUEST FOR CHANGE IN MASTERS DEGREE PROGRAM

<table>
<thead>
<tr>
<th></th>
<th>EDP 661</th>
<th>EDP 664 (6 credits)</th>
<th>EDP 666</th>
<th>EDP 688 (proposed new course)</th>
<th>1 elective (3 credits)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>9.</th>
<th>Required distribution of courses within program (if applicable)</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>Final examination requirements</td>
<td>3-hour written exam/paper</td>
</tr>
<tr>
<td>11.</td>
<td>Explain whether the proposed changes to the program (as described in sections 1 to 10) involve courses offered by another department/program. <strong>Routing Signature Log must include approval by faculty of additional department(s).</strong></td>
<td>No</td>
</tr>
<tr>
<td>12.</td>
<td>List any other requirements not covered above?</td>
<td>N/A</td>
</tr>
<tr>
<td>13.</td>
<td>Please explain the rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.</td>
<td>In the U.S., students who wish to engage in the professional practice of psychology must be licensed by a state psychology board. To obtain a psychology license, nearly all states require the completion of an ethics course. To date, the Counseling Psychology has not required students to complete such a course. The addition of this course to the program curriculum will help students meet the ethics course requirement for licensure in Kentucky and most other states.</td>
</tr>
</tbody>
</table>
REQUEST FOR CHANGE IN MASTERS DEGREE PROGRAM
Signature Routing Log

General Information:
Proposal Name: Request for change in Counseling Psychology Masters Degree Program
Proposal Contact Person Name: Keisha Love  Phone: 7-8273  Email: Keisha.Love@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:

<table>
<thead>
<tr>
<th>Reviewing Group</th>
<th>Date Approved</th>
<th>Contact Person (name/phone/email)</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDP Chair</td>
<td>1/3/10</td>
<td>Fred Dannis 17-8273  <a href="mailto:Fdannis@uky.edu">Fdannis@uky.edu</a></td>
<td>Fred Dannis</td>
</tr>
<tr>
<td>C &amp; C College</td>
<td>2/8/11</td>
<td>Robert Shapiro 7-8273  <a href="mailto:rshapiro@uky.edu">rshapiro@uky.edu</a></td>
<td>Robert Shapiro</td>
</tr>
</tbody>
</table>

External-to-College Approvals:

<table>
<thead>
<tr>
<th>Council</th>
<th>Date Approved</th>
<th>Signature</th>
<th>Approval of Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate Council</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Graduate Council</td>
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<tr>
<td>Health Care Colleges Council</td>
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<tr>
<td>Senate Council Approval</td>
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<td>University Senate Approval</td>
<td></td>
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</tbody>
</table>

Comments:

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