COURSE CHANGE FORM

Complete 1a – 1f & 2a – 2c. Fill out the remainder of the form as applicable for items being changed.

1. General Information.
   a. Submitted by the College of: **EDUC**
   b. Department/Division: **EDP**
   c. Is there a change in “ownership” of the course? **YES**
      If YES, what college/department will offer the course instead? _____
   d. What type of change is being proposed? **Minor**
      (place cursor here for minor definition)
   e. Contact Person Name: **Rory Remer**
      Email: **RRemer@uky.edu**
      Phone: **7-7877**
   f. Requested Effective Date: **Semester Following Approval**
      OR **Specific Term**: _____

2. Designation and Description of Proposed Course.
   a. Current Prefix and Number: **EDP 664**
      Proposed Prefix & Number: **EDP 664**
   b. Full Title: **PRE-MASTERS PRACTICUM IN COUNSELING PSYCHOLOGY**
      Proposed Title: **PRE-MASTERS PRACTICUM IN COUNSELING PSYCHOLOGY**
   c. Current Transcript Title (if full title is more than 40 characters): **PRE-MASTERS PRAC IN COUNSELING PSY**
      Proposed Transcript Title (if full title is more than 40 characters): **PRE-MASTERS PRAC IN COUNSELING PSY**
   d. Current Cross-listing: **N/A**
      OR Currently Cross-listed with (Prefix & Number): _____
      Proposed – ADD Cross-listing (Prefix & Number): _____
      Proposed – REMOVE Cross-listing (Prefix & Number): _____
   e. Courses must be described by at least one of the meeting patterns below. Include number of actual contact hours for each meeting pattern type.
      Current: 50% Lecture _____ Laboratory 50% Recitation _____ Discussion _____ Indep. Study
      _____ Clinical _____ Colloquium 50% Practicum _____ Research _____ Residency
      _____ Seminar _____ Studio _____ Other – Please explain: _____
      Proposed: 50% Lecture _____ Laboratory _____ Recitation _____ Discussion _____ Indep. Study
      _____ Clinical _____ Colloquium 50% Practicum _____ Research _____ Residency
      _____ Seminar _____ Studio _____ Other – Please explain: _____
   f. Current Grading System: **Letter (A, B, C, etc.)**
      Proposed Grading System: **Letter (A, B, C, etc.)**
   g. Current number of credit hours: **3-6**
      Proposed number of credit hours: **3-6**

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1 See comment description regarding minor course change. Minor changes are sent directly from dean’s office to Senate Council Chair. If Chair deems the change as “not minor,” the form will be sent to appropriate academic Council for normal processing and contact person is informed.
2 Courses are typically made effective for the semester following approval. No course will be made effective until all approvals are received.
3 Signature of the chair of the cross-listing department is required on the Signature Routing Log.
4 Removing a cross-listing does not drop the other course – it merely unlinks the two courses.
5 Generally, undergrad courses are developed such that one semester hr of credit represents 1 hr of classroom meeting per wk for a semester, exclusive of any lab meeting. Lab meeting generally represents at least two hrs per wk for a semester for 1 credit hour. (See SR 5.2.1.)
## COURSE CHANGE FORM

### h. Currently, is this course repeatable for additional credit?  
- **Yes** ☑  
- **No** ☐

**Proposed to be repeatable for additional credit?**  
- **Yes** ☑  
- **No** ☐

**If YES:**  
**Maximum number of credit hours:** 12

**If YES:**  
**Will this course allow multiple registrations during the same semester?**  
- **Yes** ☐  
- **No** ☑

### i. Current Course Description for Bulletin:

Supervised experience in application of diagnostic and interviewing techniques in a counseling service. May be repeated to a maximum of 12 credits. Lecture, three hours; laboratory, eight hours per three credit hours. Prereq: All required counseling coursework. EDP 605, EDP 630, EDP 652 and EDP 661 (minimum competency courses with grades of “B” or better), application for practicum the semester prior to practicum placement and permission of CPAC.

**Proposed Course Description for Bulletin:**

Supervised experience in application of diagnostic and interviewing techniques in a counseling service. May be repeated to a maximum of 12 credits. Lecture, three hours; laboratory, eight hours per three credit hours. Prereq: All required counseling coursework. EDP 605, PSY 535 or equivalent, EDP 652, EDP 688, and EDP 661 (minimum competency courses with grades of “B” or better), application for practicum the semester prior to practicum placement and permission of CPAC.

### j. Current Prerequisites, if any:

All required counseling coursework. EDP 605, EDP 630, EDP 652 and EDP 661 (minimum competency courses with grades of “B” or better), application for practicum the semester prior to practicum placement and permission of CPAC.

**Proposed Prerequisites, if any:**

All required counseling coursework. EDP 605, PSY 535 or equivalent, EDP 652, EDP 688, and EDP 661 (minimum competency courses with grades of “B” or better), application for practicum the semester prior to practicum placement and permission of CPAC.

### k. Current Distance Learning(DL) Status:

- **N/A** ☑  
- **Already approved for DL** ☐  
- **Please Add** ☐  
- **Please Drop** ☐

*If already approved for DL, the Distance Learning Form must also be submitted unless the department affirms (by checking this box ☑) that the proposed changes do not affect DL delivery.

### l. Current Supplementary Teaching Component, if any:

- **Community-Based Experience** ☐  
- **Service Learning** ☐  
- **Both** ☑

**Proposed Supplementary Teaching Component:**  
- **Community-Based Experience** ☑  
- **Service Learning** ☐  
- **Both** ☐

### 3. Currently, is this course taught off campus?  
- **Yes** ☐  
- **No** ☑

**Proposed to be taught off campus?**  
- **Yes** ☐  
- **No** ☑

### 4. Are significant changes in content/teaching objectives of the course being proposed?  
- **Yes** ☐  
- **No** ☑

If YES, explain and offer brief rationale:

_____

### 5. Course Relationship to Program(s).  

#### a. Are there other depts and/or pgms that could be affected by the proposed change?  
- **Yes** ☐  
- **No** ☑

If YES, identify the depts. and/or pgms: _____

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*You must also submit the Distance Learning Form in order for the course to be considered for DL delivery.*
### COURSE CHANGE FORM

<table>
<thead>
<tr>
<th>b. Will modifying this course result in a new requirement for ANY program?</th>
<th>YES ☐</th>
<th>NO ☒</th>
</tr>
</thead>
<tbody>
<tr>
<td>If YES, list the program(s) here:</td>
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<tr>
<th>6. Information to be Placed on Syllabus.</th>
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<tbody>
<tr>
<td>a.</td>
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</table>

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*In order to change a program, a program change form must also be submitted.*

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Rev 8/09
**COURSE CHANGE FORM**

Signature Routing Log

**General Information:**

Course Prefix and Number: EDP 664  
Proposal Contact Person Name: Rory Remer  
Phone: 7-7877  
Email: RRemer@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</td>
<td>11/28/2011</td>
<td>Rory Remer / 7-7877 / <a href="mailto:RRemer@uky.edu">RRemer@uky.edu</a></td>
<td></td>
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**External-to-College Approvals:**

<table>
<thead>
<tr>
<th>Council</th>
<th>Date Approved</th>
<th>Signature</th>
<th>Approval of Revision(^8)</th>
</tr>
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<tbody>
<tr>
<td>Undergraduate Council</td>
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<tr>
<td>Graduate Council</td>
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<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>
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</tbody>
</table>

Comments:

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\(^8\) Councils use this space to indicate approval of revisions made subsequent to that council’s approval, if deemed necessary by the revising council.