

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: <u>Education</u>		Today's Date: <u>February 22, 2011</u>			
b. Department/Division: <u>Curriculum and Instruction AND Science, Technology, Engineering, and Mathematics (STEM) Education</u>					
c. Is there a change in "ownership" of the course?					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If YES, what college/department will offer the course instead? _____					
d. What type of change is being proposed? <input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor ¹ (place cursor here for minor change definition)					
e. Contact Person Name: <u>Margaret Mohr-Schroeder and Jana Bouwma-Gearhart</u>		Email: <u>m.mohr@uky.edu and jana.bouwma-gearhart@uky.edu</u>		Phone: <u>257.3073</u>	
f. Requested Effective Date: <input checked="" type="checkbox"/> Semester Following Approval OR <input type="checkbox"/> Specific Term ² : _____					
2. Designation and Description of Proposed Course.					
a. Current Prefix and Number: <u>EDC 746</u>		Proposed Prefix & Number: _____			
b. Full Title: <u>Subject Area Instruction in the Secondary School</u>		Proposed Title: _____			
c. Current Transcript Title (if full title is more than 40 characters):		<u>SUBJ AREA INSTRUCTION IN THE SECARY SCH</u>			
c. Proposed Transcript Title (if full title is more than 40 characters): _____					
d. Current Cross-listing: <input type="checkbox"/> N/A OR Currently ³ Cross-listed with (Prefix & Number): _____					
Proposed – <input checked="" type="checkbox"/> ADD ³ Cross-listing (Prefix & Number):		<u>SEM 746</u>			
Proposed – <input type="checkbox"/> REMOVE ^{3,4} Cross-listing (Prefix & Number):		_____			
e. Courses must be described by at least one of the meeting patterns below. Include number of actual contact hours ⁵ for each meeting pattern type.					
Current:	_____ Lecture	_____ Laboratory ⁵	_____ Recitation	_____ Discussion	_____ Indep. Study
	_____ Clinical	_____ Colloquium	_____ Practicum	_____ Research	_____ Residency
	_____ Seminar	_____ Studio	_____ Other – Please explain: _____		
Proposed:	_____ Lecture	_____ Laboratory	_____ Recitation	_____ Discussion	_____ Indep. Study
	_____ Clinical	_____ Colloquium	_____ Practicum	_____ Research	_____ Residency
	_____ Seminar	_____ Studio	_____ Other – Please explain: _____		
f. Current Grading System: <input checked="" type="checkbox"/> Letter (A, B, C, etc.) <input type="checkbox"/> Pass/Fail					

Comment [OSC1]: Excerpt from SR 3.3.0.G.2 Definition. A request may be considered a minor change if it meets one of the following criteria:
a. change in number within the same hundred series*;
b. editorial change in the course title or description which does not imply change in content or emphasis;
c. a change in prerequisite(s) which does not imply change in content or emphasis, or which is made necessary by the elimination or significant alteration of the prerequisite(s);
d. a cross-listing of a course under conditions set forth in SR 3.3.0.E;
e. correction of typographical errors.

*...for the specific purposes of the minor exception rule, the 600-799 courses are the same "hundred series," as long as the other minor change requirements are complied with. [RC 1/15/09]

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.)

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Proposed Grading System:		<input type="checkbox"/> Letter (A, B, C, etc.)	<input type="checkbox"/> Pass/Fail
g.	Current number of credit hours:	<u>0-9</u>	Proposed number of credit hours: _____
h.	Currently, is this course repeatable for additional credit?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	Proposed to be repeatable for additional credit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If YES: Maximum number of credit hours:	_____	
	If YES: Will this course allow multiple registrations during the same semester?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
i.	Current Course Description for Bulletin:	<u>Students will teach in their subject areas in the schools full-time, meet regularly to discuss teaching effectiveness and strategies for improvement and develop their professional portfolios. May be repeated to a maximum of nine credits. Lecture, 3-9 hours; laboratory 6-18 hours per week</u>	
	Proposed Course Description for Bulletin:	_____	
j.	Current Prerequisites, if any:	<u>The appropriate methods course in the subject area (EDC 631, 632, 633, 634, or 635). Admission to the MA/MS in Education (Initial Certification Option-Secondary Education).</u>	
	Proposed Prerequisites, if any:	_____	
k.	Current Distance Learning(DL) Status:	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Already approved for DL* <input type="checkbox"/> Please Add ⁶ <input type="checkbox"/> Please Drop
	*If already approved for DL, the Distance Learning Form must also be submitted <u>unless</u> the department affirms (by checking this box <input checked="" type="checkbox"/>) that the proposed changes do not affect DL delivery.		
l.	Current Supplementary Teaching Component, if any:	<input type="checkbox"/> Community-Based Experience	<input type="checkbox"/> Service Learning <input type="checkbox"/> Both
	Proposed Supplementary Teaching Component:	<input type="checkbox"/> Community-Based Experience	<input type="checkbox"/> Service Learning <input type="checkbox"/> Both
3.	Currently, is this course taught off campus?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	Proposed to be taught off campus?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4.	Are significant changes in content/teaching objectives of the course being proposed?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If YES, identify the depts. and/or pgms: _____		
b.	Will modifying this course result in a new requirement ⁷ for ANY program?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If YES ⁷ , list the program(s) here: _____		
6.	Information to be Placed on Syllabus.		
a.	<input type="checkbox"/> Check box if <u>changed to</u> 400G or 500.	If <u>changed to</u> 400G- or 500-level course you must send in a syllabus and <i>you must include the differentiation</i> between undergraduate and graduate students by: (i) requiring additional assignments by the graduate students; and/or (ii) establishing different grading criteria in the course for graduate students. (See <i>SR 3.1.4.</i>)	

⁶ You must *also* submit the Distance Learning Form in order for the course to be considered for DL delivery.

⁷ In order to change a program, a program change form must also be submitted.

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Signature Routing Log


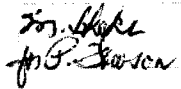
General Information:

Course Prefix and Number: EDC 746
 Proposal Contact Person Name: Margaret Mohr-Schroeder Phone: 257-3073 Email: m.mohr@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
STEM Education Dept.	02/22/2011	Jennifer Wilhelm / 257-1291 / jennifer.wilhelm@uky.edu	 2011.03.10 15:37:09 -05'00'
Curriculum & Instruction	02/22/2011	Parker Fawson / / parker.fawson@uky.edu	
		/ /	
		/ /	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁸
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

The STEM Education Dept was approved by the BOT on February 22, 2011. The department will be fiscally implemented on July 1, 2011.

⁸ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.