

# COURSE CHANGE FORM

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

<b>1. General Information.</b>					
a.	Submitted by the College of: <u>Education</u>	Today's Date: <u>10/6//2011</u>			
b.	Department/Division: <u>Educational Leadership Studies</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 <sup>1</sup> (place cursor here for minor change[OSC1] definition)				
e.	Contact Person Name: <u>Beth Rous</u>	Email: <u>brous@uky.edu</u>	Phone: <u>257-9115</u>		
f.	Requested Effective Date: <input checked="" type="checkbox"/> Semester Following Approval		OR	<input type="checkbox"/> Specific Term <sup>2</sup> : _____	
<b>2. Designation and Description of Proposed Course.</b>					
a.	Current Prefix and Number: <u>EDL 639</u>	Proposed Prefix & Number: <u>EDL 676</u>			
b.	Full Title: <u>The School Superintendency</u>	Proposed Title: _____			
c.	Current Transcript Title (if full title is more than 40 characters): <u>School Superintendency</u>				
c.	Proposed Transcript Title (if full title is more than 40 characters): _____				
d.	Current Cross-listing: <input checked="" type="checkbox"/> N/A	OR	Currently <sup>3</sup> Cross-listed with (Prefix & Number): _____		
	Proposed – <input type="checkbox"/> ADD <sup>3</sup> Cross-listing (Prefix & Number): _____				
	Proposed – <input type="checkbox"/> REMOVE <sup>3,4</sup> Cross-listing (Prefix & Number): _____				
e.	<b>Courses must be described by at least one of the meeting patterns below. Include number of actual contact hours<sup>5</sup> for each meeting pattern type.</b>				
Current:	_____ Lecture	_____ Laboratory <sup>5</sup>	_____ Recitation	_____ Discussion	_____ Indep. Study
	_____ Clinical	_____ Colloquium	_____ Practicum	_____ Research	_____ Residency
	<u>3</u> 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		
	Proposed Grading System: <input type="checkbox"/> Letter (A, B, C, etc.)		<input type="checkbox"/> Pass/Fail		
g.	Current number of credit hours: <u>3</u>		Proposed number of credit hours: _____		
h.	Currently, is this course repeatable for additional credit?			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

<sup>1</sup> 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.

<sup>2</sup> Courses are typically made effective for the semester following approval. No course will be made effective until all approvals are received.

<sup>3</sup> Signature of the chair of the cross-listing department is required on the Signature Routing Log.

<sup>4</sup> Removing a cross-listing does not drop the other course – it merely unlinks the two courses.

<sup>5</sup> 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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<i>Proposed to be repeatable for additional credit?</i>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
<i>If YES: Maximum number of credit hours:</i> _____		
<i>If YES: Will this course allow multiple registrations during the same semester?</i>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
<b>i. Current Course Description for Bulletin:</b>	<u>Role of the school district superintendent is studied including: historical and current job responsibilities of the position; knowledge, skills and dispositions necessary to serve successfully in the position; future challenges of the position.</u>	
<i>Proposed Course Description for Bulletin:</i> _____		
<b>j. Current Prerequisites, if any:</b>	<u>Admission to program or consent of instructor</u>	
<i>Proposed Prerequisites, if any:</i> _____		
<b>k. Current Distance Learning (DL) Status:</b>	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Already approved for DL* <input type="checkbox"/> Please Add <sup>6</sup> <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.		
<b>l. Current Supplementary Teaching Component, if any:</b>	<input type="checkbox"/> Community-Based Experience <input type="checkbox"/> Service Learning <input type="checkbox"/> Both	
<i>Proposed Supplementary Teaching Component:</i>	<input type="checkbox"/> Community-Based Experience <input type="checkbox"/> Service Learning <input type="checkbox"/> Both	
<b>3. Currently, is this course taught off campus?</b>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
<i>Proposed to be taught off campus?</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>4. Are significant changes in content/teaching objectives of the course being proposed?</b>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If YES, explain and offer brief rationale: _____		
<b>5. Course Relationship to Program(s).</b>		
<b>a. Are there other depts and/or pgms that could be affected by the proposed change?</b>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If YES, identify the depts. and/or pgms: _____		
<b>b. Will modifying this course result in a new requirement<sup>7</sup> for ANY program?</b>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If YES <sup>7</sup> , list the program(s) here: _____		
<b>6. Information to be Placed on Syllabus.</b>		
<b>a.</b>	<input type="checkbox"/> Check box if <u>changed to 400G or 500.</u>	If <u>changed to 400G-</u> 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 SR 3.1.4.)

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

<sup>7</sup> 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: EDL 639

Proposal Contact Person Name: Beth Rous

Phone: 257-9115

Email: brous@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
EDL	10/6/11	Lars Bjork / 7-2450 / lbjor1@uky.edu	
		/ /	
		/ /	
		/ /	
		/ /	

### External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision <sup>8</sup>
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

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