

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>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 ¹ (place cursor here for minor <u>change</u> 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 ² : _____						
2. Designation and Description of Proposed Course.						
a. Current Prefix and Number: <u>EDL 694</u>		Proposed Prefix & Number: _____				
b. Full Title: <u>The Administration of Career and Technical Education</u>		Proposed Title: <u>Leadership in Career and Technical Education</u>				
c. Current Transcript Title (if full title is more than 40 characters): <u>Adm of Career/Techn Ed</u>						
Proposed Transcript Title (if full title is more than 40 characters): <u>Leadership of Career/Tech Ed</u>						
d. Current Cross-listing: <input type="checkbox"/> N/A OR Currently ³ Cross-listed with (Prefix & Number): <u>AED/HEE 694</u>						
Proposed – <input checked="" type="checkbox"/> ADD ³ Cross-listing (Prefix & Number): <u>ECS 694</u>						
Proposed – <input checked="" type="checkbox"/> REMOVE ^{3,4} Cross-listing (Prefix & Number): <u>HEE 694</u>						
e. Courses must be described by <u>at least one</u> 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						
<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: _____						

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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h. Currently, is this course repeatable for additional credit?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
<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"/>
i. Current Course Description for Bulletin:	<u>A course designed for superintendents, high school principals, and other administrators. Its purpose is to prepare administrators and supervisors for leadership in career and technical education (Same as AED/HEE 694).</u>	
<i>Proposed Course Description for Bulletin:</i>	<u>A course designed for superintendents, high school principals, and other leaders. Its purpose is to prepare administrators and supervisors for leadership in career and technical education (Same as AED/FCS 694).</u>	
j. Current Prerequisites, if any:	_____	
<i>Proposed Prerequisites, if any:</i>	_____	
k. Current Distance Learning(DL) Status:	<input checked="" type="checkbox"/> N/A <input 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 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	
<i>Proposed Supplementary Teaching Component:</i>	<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 type="checkbox"/>	NO <input checked="" type="checkbox"/>
<i>Proposed to be taught off campus?</i>	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 requirement⁷ 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 SR 3.1.4.)

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: EDL 694

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	
Agriculture Education	10/7/11	Bryan Hains / 7-7578 / bryan.hains@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:

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