

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>8/26/2011</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 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 ² : _____	
2. Designation and Description of Proposed Course.					
a.	Current Prefix and Number: <u>EDL 792</u>	Proposed Prefix & Number: _____			
b.	Full Title: <u>Research in Educational Administration and Supervision</u>	Proposed Title: <u>Research in Educational Leadership</u>			
c.	Current Transcript Title (if full title is more than 40 characters): <u>Res In Edual Adminstratn & Supervsn</u>				
c.	Proposed Transcript Title (if full title is more than 40 characters): <u>Research in Educational Leadership</u>				
d.	Current Cross-listing: <input checked="" type="checkbox"/> N/A	OR	Currently ³ Cross-listed with (Prefix & Number): _____		
	Proposed – <input type="checkbox"/> ADD ³ Cross-listing (Prefix & Number): _____				
	Proposed – <input type="checkbox"/> REMOVE ^{3,4} Cross-listing (Prefix & Number): _____				
e.	Courses must be described by <u>at least one</u> of the meeting patterns below. Include number of actual contact hours⁵ for each meeting pattern type.				
Current:	_____ Lecture	_____ Laboratory ⁵	_____ Recitation	_____ Discussion	_____ Indep. Study
	_____ Clinical	_____ Colloquium	_____ Practicum	<u>3</u> Research	_____ Residency
	_____ Seminar	_____ Studio	_____ Other – Please explain: _____		
Proposed:	_____ Lecture	_____ Laboratory	_____ Recitation	_____ Discussion	_____ Indep. Study
	_____ Clinical	_____ Colloquium	_____ Practicum	<u>3</u> 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 checked="" 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: _____		

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> <u>3</u>		
	<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>Critical examination of representative research studies in administration and related fields. Emphasis upon the students' defining and delimiting an appropriate problem in educational administration and supervision, generating a design appropriate to the problem and selecting appropriate techniques of analysis.</u>	
	<i>Proposed Course Description for Bulletin:</i>	<u>Critical examination of representative research studies in leadership and related fields. Emphasis upon the students' defining and delimiting an appropriate problem in educational leadership, generating a design appropriate to the problem and selecting appropriate techniques of analysis.</u>	
j.	Current Prerequisites, if any:	<u>Admission to Program</u>	
	<i>Proposed Prerequisites, if any:</i>	<u>Admission to Program</u>	
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
	<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 checked="" 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 792

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		Lars Bjork / 7-2450 / lbjor1@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.