

# 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>EDUC</u>	Today's Date: <u>12/20/2011</u>			
b.	Department/Division: <u>EDP</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>Rory Remer</u>	Email: <u>RRemer@uky.edu</u>	Phone: <u>7-7877</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>EDP 640</u>	Proposed Prefix & Number: <u>EDP 640</u>			
b.	Full Title: <u>INDIVIDUAL ASSESSMENT OF COGNITIVE FUNCTIONING</u>	Proposed Title: <u>INDIVIDUAL ASSESSMENT OF COGNITIVE FUNCTIONING</u>			
c.	Current Transcript Title (if full title is more than 40 characters):		<u>IND ASSESSMENT OF COGNITIVE FUNCTIONING</u>		
c.	Proposed Transcript Title (if full title is more than 40 characters):		<u>IND ASSESSMENT OF COGNITIVE FUNCTIONING</u>		
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:	<u>3</u> Lecture	_____ Laboratory <sup>5</sup>	_____ Recitation	_____ Discussion	_____ Indep. Study
	_____ Clinical	_____ Colloquium	_____ Practicum	_____ Research	_____ Residency
	_____ Seminar	_____ Studio	_____ Other – Please explain: _____		
Proposed:	<u>3</u> 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 checked="" type="checkbox"/> Letter (A, B, C, etc.)		<input type="checkbox"/> Pass/Fail		

<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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<b>g.</b>	<b>Current number of credit hours:</b> <u>3</u>	<i>Proposed number of credit hours:</i> <u>3</u>	
<b>h.</b>	<b>Currently, is this course repeatable for additional credit?</b>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	<i>Proposed to be repeatable for additional credit?</i>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	<i>If YES: Maximum number of credit hours:</i> <u>6</u>		
	<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.</b>	<b>Current Course Description for Bulletin:</b>	<u>This course provides theoretical material and advanced laboratory practice in the measurement of intelligence by individual techniques. Lecture, two hours; laboratory, two hours. May be repeated to a maximum of six credits. Prereq: EDP 630 (with a grade of "B" or better) and enrollment in a professional program in Educational and Counseling Psychology or consent of instructor.</u>	
	<i>Proposed Course Description for Bulletin:</i>	<u>This course provides theoretical material and advanced laboratory practice in the measurement of intelligence by individual techniques. Lecture, two hours; laboratory, two hours. May be repeated to a maximum of six credits. Prereq: PSY535 (with a grade of "B" or better) or equivalent, enrollment in a professional program in Educational, School, and Counseling Psychology or consent of instructor.</u>	
<b>j.</b>	<b>Current Prerequisites, if any:</b>	<u>EDP 630 (with a grade of "B" or better) and enrollment in a professional program in Educational and Counseling Psychology or consent of instructor.</u>	
	<i>Proposed Prerequisites, if any:</i>	<u>Prereq: PSY535 (with a grade of "B" or better) or equivalent, enrollment in a professional program in Educational, School, and Counseling Psychology or consent of instructor.</u>	
<b>k.</b>	<b>Current Distance Learning(DL) Status:</b>	<input checked="" type="checkbox"/> N/A	<input 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 type="checkbox"/> ) that the proposed changes do not affect DL delivery.		
<b>l.</b>	<b>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.</b>	<b>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 checked="" type="checkbox"/>
<b>4.</b>	<b>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.</b>	<b>Course Relationship to Program(s).</b>		
<b>a.</b>	<b>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.</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: _____		

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

## COURSE CHANGE FORM

<b>6. Information to be Placed on Syllabus.</b>		
<b>a.</b>	<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> )

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<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: EDP 640

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:

Reviewing Group	Date Approved	Contact Person (name/phone/email)	Signature
EDP	11/28/2011	Rory Remer / 7-7877 / RRemer@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.