

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>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 ¹ (place cursor here for minor change 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 ² : _____						
2. Designation and Description of Proposed Course.						
a. Current Prefix and Number: <u>EDP 642</u>		Proposed Prefix & Number: <u>EDP 642</u>				
b. Full Title: <u>INDIVIDUAL ASSESSMENT OF PERSONALITY FUNCTIONING</u>		Proposed Title: <u>INDIVIDUAL ASSESSMENT OF PERSONALITY FUNCTIONING</u>				
c. Current Transcript Title (if full title is more than 40 characters):		<u>IND ASSESSMNT OF PERSONALITY FUNCTIONING</u>				
c. Proposed Transcript Title (if full title is more than 40 characters):		<u>IND ASSESSMNT OF PERSONALITY FUNCTIONING</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 hours ⁵ for each meeting pattern type.						
Current:	<u>3</u> Lecture	____ Laboratory ⁵	____ 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						

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.)

COURSE CHANGE FORM

g. Current number of credit hours:	<u>3</u>	<i>Proposed number of credit hours:</i>	<u>3</u>
h. Currently, is this course repeatable for additional credit?	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"/>	
i. Current Course Description for Bulletin:	<u>An in-depth study of the nature and measurement of human emotion, temperament and personality. Laboratory and field experience in the administration, scoring, and interpretation of tests related to personality functioning and underlying dynamics of personality. May be repeated to a maximum of six credits. Prereq: Successful completion of EDP 630 with a grade of B or better or equivalent and enrollment in a professional program in Educational and Counseling Psychology</u>		
<i>Proposed Course Description for Bulletin:</i>	<u>An in-depth study of the nature and measurement of human emotion, temperament and personality. Laboratory and field experience in the administration, scoring, and interpretation of tests related to personality functioning and underlying dynamics of personality. May be repeated to a maximum of six credits. Prereq: Successful completion of PSY535 (or equivalent) with a grade of B or better and enrollment in a professional program in Educational, School, and Counseling Psychology</u>		
j. Current Prerequisites, if any:	<u>Successful completion of EDP 630 with a grade of B or better or equivalent and enrollment in a professional program in Educational and Counseling Psychology</u>		
<i>Proposed Prerequisites, if any:</i>	<u>Successful completion of PSY535 (or equivalent) with a grade of B or better and enrollment in a professional program in Educational, School, and Counseling Psychology</u>		
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 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"/>	

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

COURSE CHANGE FORM

	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>)

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

COURSE CHANGE FORM

Signature Routing Log

General Information:

Course Prefix and Number: EDP 642
 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 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.