

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[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 ² : _____	
2. Designation and Description of Proposed Course.					
a.	Current Prefix and Number: <u>EDP 665</u>	Proposed Prefix & Number: <u>EDP665</u>			
b.	Full Title:	<u>POST-MASTERS PRACTICUM IN COUNSELING PSYCHOLOGY</u>	Proposed Title:	<u>POST-MASTERS PRACTICUM IN COUNSELING PSYCHOLOGY</u>	
c.	Current Transcript Title (if full title is more than 40 characters):			<u>POST-MASTERS PRAC IN COUNSELING PSY</u>	
c.	Proposed Transcript Title (if full title is more than 40 characters):			<u>POST-MASTERS PRAC IN COUNSELING PSY</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 at least one of the meeting patterns below. Include number of actual contact hours⁵ for each meeting pattern type.				
Current:	<u>50%</u> Lecture	_____ Laboratory ⁵	_____ Recitation	_____ Discussion	_____ Indep. Study
	_____ Clinical	_____ Colloquium	<u>50%</u> Practicum	_____ Research	_____ Residency
	_____ Seminar	_____ Studio	_____ Other – Please explain: _____		
Proposed:	<u>50%</u> Lecture	_____ Laboratory	_____ Recitation	_____ Discussion	_____ Indep. Study
	_____ Clinical	_____ Colloquium	<u>50%</u> 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		

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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g.	Current number of credit hours: <u>1-6</u>	Proposed number of credit hours: <u>1-6</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>No limit</u>	
	<i>If YES: Will this course allow multiple registrations during the same semester?</i>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
i.	Current Course Description for Bulletin:	<u>Supervised experience in application of diagnostic and interviewing techniques in a counseling service. Prereq: EDP 630, EDP 605, EDP 652, EDP 661, and EDP 649 (all with grades of "B" or better). Application for practicum the semester prior to practicum placement and permission of CPAC.</u>	
	<i>Proposed Course Description for Bulletin:</i>	<u>Supervised experience in application of diagnostic and interviewing techniques in a counseling service. Prereq: PSY 535 or equivalent, EDP 605, EDP652, EDP 661 and EDP 649, EDP688 or equivalent (all with grades of "B" or better). Application for practicum the semester prior to practicum placement and permission of CPAC.</u>	
j.	Current Prerequisites, if any:	<u>EDP 630, EDP 605, EDP 652, EDP 661, and EDP 649 (all with grades of "B" or better). Application for practicum the semester prior to practicum placement and permission of CPAC.</u>	
	<i>Proposed Prerequisites, if any:</i>	<u>PSY 535 or equivalent, EDP 605, EDP652, EDP 661, EDP 649, and EDP688 or equivalent (all with grades of "B" or better). Application for practicum the semester prior to practicum placement and permission of CPAC.</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"/>
	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 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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6. Information to be Placed on Syllabus.		
a.	<input type="checkbox"/>	<p>Check box if <u>changed to</u> 400G or 500.</p> <p>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>)</p>

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Signature Routing Log

General Information:

Course Prefix and Number: EDP 665

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.