

CHANGE MASTERS DEGREE PROGRAM FORM

1. GENERAL INFORMATION

College:	Education	Department:	Curriculum & Instruction	
Current Major Name:	Secondary Education (Initial Certification Option)	Proposed Major Name:		
Current Degree Title:	M.A. in Education	Proposed Degree Title:		
Formal Option(s):		Proposed Formal Option(s):		
Specialty Fields w/in Formal Option:		Proposed Specialty Fields w/in Formal Options:		
Date of Contact with Associate Provost for Academic Administration ¹ :				
Bulletin (yr & pgs):		CIP Code ¹ :	Today's Date:	2/28/12
Accrediting Agency (if applicable):	NCATE			
Requested Effective Date:	<input checked="" type="checkbox"/> Semester following approval.	OR	<input type="checkbox"/> Specific Date ² :	
Dept. Contact Person:	Douglas C. Smith	Phone:	257-1824	Email: dcsmit1@email.uky.edu

2. CHANGE(S) IN PROGRAM REQUIREMENTS

		<u>Current</u>	<u>Proposed</u>
1.	Number of transfer credits allowed (Maximum is Graduate School limit of 9 hours or 25% of course work)	9	9
2.	Residence requirement (if applicable)	N/A	
3.	Language(s) and/or skill(s) required	N/A	
4.	Termination criteria	N/A	
5.	Plan A Degree Plan requirements ³ (thesis)	N/A	
6.	Plan B Degree Plan requirements ³ (non-thesis)	34 c.h.	31 c.h.
7.	Distribution of course levels required (At least one-half must be at 600+ level & two-thirds must be in organized courses.)	25 600+, 9 500+	21 600+, 9 500
8.	Required courses (if applicable)	EDU645, EDS604, EDC638, EDC639, EPE773, EDP 658, SEM631 or EDC632, or EDC633, or SEM634, or EDC635, EDC/SEM746, EDU745, ELS691, EDC637, 9 c.h. professional electives	<i>EDU645, EDS604, EDC638, EDC639, EPE773, EDP658, SEM631 or EDC632, or EDC633, or SEM634, or EDC635,, EDC/SEM746, ELS691, EDC637, 9 c.h. professional electives</i>

¹ Prior to filling out this form, you MUST contact the Associate Provost for Academic Administration (APAA). If you do not know the CIP code, the APAA can provide you with that during the contact.

² Program changes are typically made effective for the semester following approval. No changes will be made effective until all approvals are received.

³ If there is only one plan for the degree, plans involving a thesis (or the equivalent in studio work, etc.) should be discussed under Plan A and those not involving a thesis should be discussed under Plan B.

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9.	Required distribution of courses within program (if applicable)	<p>Fall: EDU645 3 c.h., EDS604 1 c.h., EDC638 1 c.h., EDC639 1 c.h., EPE773 1 c.h., EDP658 1 c.h., SEM631 or EDC632, or EDC633, or SEM634, or EDC635,, 1 3 c.h. professional elective</p> <p>Spring: EDU745 3 c.h., EDC/SEM746 9 c.h., ELS691 1 c.h., EDC637 1 c.h.</p> <p>Summer 2 3 c.h. professional elective, total 34 c.h.</p>	<p><i>Fall: EDU645 3 c.h., EDS604 1 c.h., EDC638 1 c.h., EDC639 1 c.h., EPE773 1 c.h., EDP658 1 c.h., SEM631 or EDC632, or EDC633, or SEM 634, or EDC635, 1 3 c.h. professional elective</i></p> <p><i>Spring: EDC/SEM746 9 c.h., ELS691 1 c.h., EDC637 1 c.h., 1 3 c.h. professional elective</i></p> <p><i>Summer 1 3 c.h. professional elective, total 31 c.h.</i></p>
10.	Final examination requirements	N/C	N/C
11.	Explain whether the proposed changes to the program (as described in sections 1 to 10) involve courses offered by another department/program. <u>Routing Signature Log must include approval by faculty of additional department(s).</u>		
	N/A		
12.	List any other requirements not covered above?		
	Admission to a Teacher Education Program		
13.	Please explain the rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.		
	MIC Program Faculty report duplication of content of EDU745 and other program requirements. Therefore, EDU745 will be dropped		

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Signature Routing Log

General Information:

Proposal Name: Secondary Education Program Change

Proposal Contact Person Name: Douglas C. Smith

Phone: 257-
1824

Email: dcsm11@email.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
EDC	3/19/2012	Parker Fawson / 257-0767 / parker.fawson@uky.edu	
SEM	4/5/2012	Jennifer Wilhelm / jennifer.wilhelm@uky.edu / 257-1291	
College	4/17/2012	Robert Shapiro / 257-9795 / robert.shapiro@uky.edu	
		/ /	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁴
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

⁴ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.