

August 20, 2018

MEMORANDUM

TO: Chair, College of Education Courses and Curricula Committee  
Chair, Graduate Council  
Chair, Senate Council Chair, Senate

FROM: Kinesiology & Health Promotion

RE: **Revision in M.S. Kinesiology and Health Promotion, Exercise Physiology Emphasis**

***Rationale for Revision***

The Exercise Physiology Program faculty are requesting to formalize the emphasis in Exercise Physiology. We currently have a general MS degree in Kinesiology and Health Promotion, but the different discipline options (emphasis areas) have not been formalized. It would also enable us to list Exercise Physiology on the transcript as the degree conferred. Currently, the M.S. degree that our students complete is titled: "Kinesiology and Health Promotion". This requested program change is to formalize an option in Exercise Physiology so that the information stated on the students' transcript includes "Exercise Physiology." It is to be reinforced that these requested changes are specific to the Exercise Physiology option only. While it may seem redundant to individuals not in these specialized areas, there are numerous sub disciplines under the umbrella term of Kinesiology and Health Promotion, thus their training and degree should not be considered one in the same, particularly considering the multitude of degrees offered within these areas and those seeking jobs within these specific areas. Our Exercise Physiology option (only) curriculum will not be changed. Our goal for conducting these revisions is to strengthen our students' marketability for career opportunities.

Regards,

Mark Abel, Ph.D.  
Program Director, M.S. Kinesiology and Health Promotion - Exercise Physiology

**From:** [noreply@qualtrics-survey.com](mailto:noreply@qualtrics-survey.com)  
**To:** [Erwin, Heather](#)  
**Subject:** Substantive Change Decision  
**Date:** Thursday, August 16, 2018 5:29:24 PM

---

Dear Heather Erwin,

Thank you for your email regarding the proposed program change(s) to **KHP, Master's (31.0505)**.

My email will serve 2 purposes: 1.) Next steps for SACSCOC, and 2.) Verification and notification that you have contacted OSPIE—a Senate requirement for proposal approval.

1. **Next steps for SACSCOC:** None required
2. **Verification that OSPIE has reviewed the proposal:** Based on the proposal documentation presented and Substantive Change Checklist, the proposed program changes (refer to list below) are not substantive changes as defined by the University or SACSCOC, the university's regional accreditor. Therefore, no additional information is required by the Office of Strategic Planning & Institutional Effectiveness at this time. The proposed program change(s) may move forward in accordance with college and university-level approval processes.

Description of Proposed Change(s):

· We are requesting four formalized options within the Kinesiology and Health Promotion M.S. degree: Biomechanics, Exercise Physiology, Physical Education Teaching, and Coaching.

Should you have questions or concerns about UK's substantive change policy and its procedures, please do not hesitate contacting our office.

Office of Strategic Planning & Institutional Effectiveness  
University of Kentucky

Visit the Institutional Effectiveness Website: <https://proxy.qualtrics.com/proxy/?>

[url=http%3A%2F%2Fwww.uky.edu%2Fie&token=w%2BXHkAS0tASxS4xDceQ8e0MxnHdJ2Eu4smnkDcYodCE%3D](http://3A%2F%2Fwww.uky.edu%2Fie&token=w%2BXHkAS0tASxS4xDceQ8e0MxnHdJ2Eu4smnkDcYodCE%3D)

## CHANGE MASTERS DEGREE PROGRAM FORM

### 1. GENERAL INFORMATION

College:	College of Education	Department:	Kinesiology and Health Promotion		
Current Major Name:	Kinesiology and Health Promotion	Proposed Major Name:	No change		
Current Degree Title:	M.S. Kinesiology and Health Promotion	Proposed Degree Title:	No change		
Formal Option(s):	N/A	Proposed Formal Option(s):	Exercise Physiology		
Specialty Fields w/in Formal Option:	N/A	Proposed Specialty Fields w/in Formal Options:	N/A		
Date of Contact with <a href="#">Institutional Effectives</a> <sup>1</sup> :		8/16/18			
Bulletin (yr & pgs):	Graduate (pg. 160, 2015-2016)	CIP Code <sup>1</sup> :	31.0505	Today's Date:	8/20/18
Accrediting Agency (if applicable):					
Requested Effective Date:	<input checked="" type="checkbox"/> Semester following approval.		OR	<input type="checkbox"/> Specific Date <sup>2</sup> :	
Dept. Contact Person:	Mark Abel	Phone:	859-257-4091	Email:	mark.abel@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	<i>No change</i>
2.	Residence requirement (if applicable)	N/A	<i>N/A</i>
3.	Language(s) and/or skill(s) required	N/A	<i>N/A</i>
4.	Termination criteria	N/A	<i>N/A</i>
5.	Plan A Degree Plan requirements <sup>3</sup> (thesis)	30	<i>No change</i>
6.	Plan B Degree Plan requirements <sup>3</sup> (non-thesis)	30	<i>No change</i>
7.	Distribution of course levels required (At least one-half must be at 600+ level & two-thirds must be in organized courses.)	At least half must be 600+ and two-thirds must be in organized courses.	<i>No change</i>
8.	Required courses (if applicable)		

<sup>1</sup> Prior to completing out this form, you MUST contact Institutional Effectiveness, which can provide you with the CIP ([OSPIE@1.uky.edu](mailto:OSPIE@1.uky.edu) or 257-1962).

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

<sup>3</sup> 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.

**CHANGE MASTERS DEGREE PROGRAM FORM**

		<p>PLAN A (Thesis Option)</p> <p>Research Tool (6-7 cr): EDP/EPE 557 or STA 570 or STA 580 (3-4 cr) KHP 644 (3 cr)</p> <p>KHP Area of Concentration (12 cr)</p> <p>Supporting Electives (6 cr)</p> <p>KHP 748 (6 cr) Total 30+ hours</p> <p>PLAN B (Non-Thesis Option)</p> <p>Research Tool (6-7 cr): EDP/EPE 557 or STA 570 or 580 (3-4 cr) KHP 644 (3 cr)</p> <p>KHP Area of Concentration (12 cr)</p> <p>Supporting Electives (6 cr)</p> <p>KHP 577 (6 cr) Total 30+ hours</p>	<p><i>PLAN A (Thesis Option)</i></p> <p><i>Research Tool (6-7 cr): EDP/EPE 557 or STA 570 or STA 580 (3-4 cr) KHP 644 (3 cr)</i></p> <p><i>KHP Area of Concentration (12 cr)</i></p> <p><i>KHP 600 (3 cr) KHP 620 (3 cr) KHP 640 (3 cr) KHP 781- Proseminar: Muscle Physiology (3 cr) KHP 785 (0 cr)</i></p> <p><i>Supporting Electives (6 cr)</i></p> <p><i>KHP 748 (6 cr) Total 30+ hours</i></p> <p><i>PLAN B (Non-Thesis Option)</i></p> <p><i>Research Tool (6-7 cr): EDP/EPE 557 or STA 570 or 580 (3-4 cr) KHP 644 (3 cr)</i></p> <p><i>KHP Area of Concentration (12 cr)</i></p> <p><i>KHP 600 (3 cr) KHP 620 (3 cr) KHP 640 (3 cr) KHP 781- Proseminar: Muscle Physiology (3 cr)</i></p> <p><i>Supporting Electives (6 cr)</i></p> <p><i>KHP 577 (6 cr) Total 30+ hours</i></p>
9.	Required distribution of courses within program (if applicable)	N/A	N/A
10.	Final examination requirements	Plan A: Thesis defense/oral examination OR Plan B: Comprehensive examination/oral examination	No change

**CHANGE MASTERS DEGREE PROGRAM FORM**

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?
	N/A
13.	Please explain the rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.
	Currently, the M.S. degree that our students complete is titled: Kinesiology and Health Promotion. This requested program change is to formalize an option in Exercise Physiology so that the information stated on the students' transcripts includes "Exercise Physiology." It is to be reinforced that these requested changes are specific to the Exercise Physiology option only.

# CHANGE MASTERS DEGREE PROGRAM FORM

## Signature Routing Log

### General Information:

Proposal Name: MS Kinesiology and Health Promotion - Option in Exercise Physiology

Proposal Contact Person Name:

Mark Abel

Phone: 257-  
4091

Email: mark.abel@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
Department of Kinesiology and Health Promotion		Ben Johnson / 257-5826 / bfjo225@uky.edu	
COE C & C		/ /	
College of Education		/ /	
		/ /	
		/ /	

### External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision <sup>4</sup>
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

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