

## APPLICATION FOR COURSE CHANGE (MAJOR AND MINOR)

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>Education</u>		Today's Date: <u>1/4/12</u>			
b. Department/Division: <u>EDSRC</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 definition)					
e. Contact Person Name: <u>Malachy Bishop</u>		Email: <u>mbishop@uky.edu</u>		Phone: <u>7-4291</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>RC 720</u>		Proposed Prefix & Number: <u>RC 730</u>			
b. Full Title: <u>Internship in Rehabilitation Counseling</u>		Proposed Title: <u>No Change</u>			
c. Current Transcript Title (if full title is more than 40 characters): <u>Intern in Rehab Counsel</u>					
c. Proposed Transcript Title (if full title is more than 40 characters): _____					
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. Courses must be described by <u>at least one</u> of the meeting patterns below. Include number of actual contact hours <sup>5</sup> for each meeting pattern type.					
Current:					
_____ Lecture	_____ Laboratory <sup>5</sup>	_____ Recitation	_____ Discussion	_____ Indep. Study	
_____ Clinical	_____ Colloquium	<u>2 lect, 14 to 42 lab Practicum</u>	_____ Research	_____ Residency	
_____ Seminar	_____ Studio	_____ Other – Please explain: _____			
Proposed:					
_____ Lecture	_____ Laboratory	_____ Recitation	_____ Discussion	_____ Indep. Study	
_____ Clinical	_____ Colloquium	<u>2 lect, 14 to 42 lab Practicum</u>	_____ 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]

<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>	Current number of credit hours: <u>3-9</u>	Proposed number of credit hours: <u>3-9</u>	
<b>h.</b>	Currently, is this course repeatable for additional credit?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	Proposed to be repeatable for additional credit?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	If YES: Maximum number of credit hours: <u>9</u>		
	If YES: Will this course allow multiple registrations during the same semester?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
<b>i.</b>	Current Course Description for Bulletin:	<u>Advanced learning experiences in a rehabilitation setting or agency. Lecture, two hours; laboratory 14, 28, or 42 hours per week. May be repeated once for a maximum of nine credits.</u>	
	Proposed Course Description for Bulletin:	<u>No Change.</u>	
<b>j.</b>	Current Prerequisites, if any:	<u>A minimum of successful completion of one year in the Rehabilitation Counseling Program and RC 710 and consent of instructor.</u>	
	Proposed Prerequisites, if any:	<u>A minimum of successful completion of one year in the Rehabilitation Counseling Program and RC 710 and consent of instructor.</u>	
<b>k.</b>	Current Distance Learning(DL) Status:	<input type="checkbox"/> N/A <input type="checkbox"/> Already approved for DL* <input checked="" 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>	Current Supplementary Teaching Component, if any:	<input type="checkbox"/> Community-Based Experience <input type="checkbox"/> Service Learning <input type="checkbox"/> Both	
	Proposed Supplementary Teaching Component:	<input type="checkbox"/> Community-Based Experience <input type="checkbox"/> Service Learning <input type="checkbox"/> Both	
<b>3.</b>	Currently, is this course taught off campus?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	Proposed to be taught off campus?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
<b>4.</b>	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: _____		
<b>5.</b>	<b>Course Relationship to Program(s).</b>		
<b>a.</b>	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>b.</b>	Will modifying this course result in a new requirement <sup>7</sup> for ANY program?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If YES <sup>7</sup> , list the program(s) here: _____		
<b>6.</b>	<b>Information to be Placed on Syllabus.</b>		
<b>a.</b>	<input type="checkbox"/> Check box if changed to 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> )	

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

<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: RC 730 701

Proposal Contact Person Name: Malachy Bishop Phone: 7-4291 Email: mbishop@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
EDSRC Department	1/10/2012	Belva Collins, Dept. Chair / 257-4713 / bcoll01@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.