

## COURSE CHANGE FORM

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>January 9, 2012</u>  |                                     |   |                              |  |
| b. Department/Division: <u>Science, Technology, Engineering, and Mathematics Education</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>Margaret Mohr-Schroeder</u>  |                    | Email: <u>m.mohr@uky.edu</u>  |                                     | Phone: <u>257-3073</u>  |                              |  |
| f. Requested Effective Date: <input type="checkbox"/> Semester Following Approval   |                    | OR  |                                     | <input checked="" type="checkbox"/> Specific Term <sup>2</sup> : <u>Spring 2012</u> |                              |  |
| <b>2. Designation and Description of Proposed Course.</b>   |                    |   |                                     |   |                              |  |
| a. Current Prefix and Number: <u>SEM 770</u>  |                    | Proposed Prefix & Number: _____   |                                     |   |                              |  |
| b. Full Title: <u>Special Topics in STEM Education (subtitle required)</u>  |                    | Proposed Title: _____   |                                     |   |                              |  |
| c. Current Transcript Title (if full title is more than 40 characters): <u>Special Topics in STEM Ed</u>  |                    | 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 <b>at least one</b> of the meeting patterns below. Include number of actual contact hours <sup>5</sup> for each meeting pattern type.           |                    |   |                                     |   |                              |  |
| Current:  | <u>3</u> Lecture   | _____ Laboratory <sup>5</sup>   | _____ Recitation                    | _____ Discussion  | _____ Indep. Study           |  |
|   | _____ Clinical     | _____ Colloquium  | _____ Practicum                     | _____ Research  | _____ Residency              |  |
|   | _____ Seminar      | _____ Studio  | _____ Other – Please explain: _____ |   |                              |  |
| Proposed:   | <u>1-4</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 type="checkbox"/> Letter (A, B, C, etc.)  |                    | <input type="checkbox"/> Pass/Fail  |                                     |   |                              |  |
| g. Current number of credit hours: <u>3</u>   |                    | Proposed number of credit hours: <u>1-4</u>                                 |                                     |   |                              |  |

**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>h. Currently, is this course repeatable for additional credit?</b>  | 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>12</u>   |   |  |
| <i>If YES: Will this course allow multiple registrations during the same semester?</i>   | YES <input checked="" type="checkbox"/>   | NO <input type="checkbox"/>            |
| <b>i. Current Course Description for Bulletin:</b>   | <p><u>This course is a seminar of topical offerings with variable topics in the study of philosophy, principles, trends and research associate with STEM Education. This seminar is designed to cover topical issues around current research and strategies in STEM Education as they relate to P-20 implementation. STEM Education is transdisciplinary and constantly changing. This course will address content specific and transdisciplinary issues within the context of new directives and initiatives. May be repeated to a maximum of nine credits</u></p>   |  |
| <i>Proposed Course Description for Bulletin:</i>   | <p><u>This course is a seminar of topical offerings with variable topics in the study of philosophy, principles, trends and research associate with STEM Education. This seminar is designed to cover topical issues around current research and strategies in STEM Education as they relate to P-20 implementation. STEM Education is transdisciplinary and constantly changing. This course will address content specific and transdisciplinary issues within the context of new directives and initiatives. May be repeated to a maximum of twelve credits</u></p> |  |
| <b>j. Current Prerequisites, if any:</b>   | <u>SEM 603 and/or SEM 706 or permission of instructor</u>   |  |
| <i>Proposed Prerequisites, if any:</i>   | _____   |  |
| <b>k. Current Distance Learning(DL) Status:</b>  | <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Already approved for DL* <input 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 checked="" type="checkbox"/> ) that the proposed changes do not affect DL delivery. |   |  |
| <b>l. Current Supplementary Teaching Component, if any:</b>  | <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   |  |
| <b>3. Currently, is this course taught off campus?</b>   | YES <input type="checkbox"/>  | NO <input checked="" type="checkbox"/> |
| <i>Proposed to be taught off campus?</i>   | YES <input type="checkbox"/>  | NO <input type="checkbox"/>            |
| <b>4. Are significant changes in content/teaching objectives of the course being proposed?</b>   | YES <input type="checkbox"/>  | NO <input checked="" type="checkbox"/> |
| If YES, explain and offer brief rationale:<br>_____  |   |  |
| <b>5. Course Relationship to Program(s).</b>   |   |  |
| <b>a. Are there other depts and/or pgms that could be affected by the proposed change?</b>   | YES <input type="checkbox"/>  | NO <input checked="" type="checkbox"/> |
| If YES, identify the depts. and/or pgms: _____   |   |  |
| <b>b. Will modifying this course result in a new requirement<sup>7</sup> for ANY program?</b>  | YES <input type="checkbox"/>  | NO <input checked="" type="checkbox"/> |
| If YES <sup>7</sup> , list the program(s) here: _____  |   |  |

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

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| <b>6. Information to be Placed on Syllabus.</b> |  |  |
| <b>a.</b>                                       | <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> ) |

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<sup>7</sup> 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: SEM 770

Proposal Contact Person Name: Margaret Mohr-Schroeder Phone: 257-3073 Email: m.mohr@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 |
|-----------------|---------------|--|-----------|
| STEM ED Dept    | Jan 9, 2012   | Jennifer Wilhelm / 257-1291 / jennifer.wilhelm@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.