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: Education	Today's Date:	8/26/2011

b.	Department/Division: Educational Leadership Studies

c.	Is there a change in "ownership" of the course?	YES ☐	NO ☒
	If YES, what college/department will offer the course instead? _____		

d.	What type of change is being proposed? ☐ Major ☒ Minor[1] (place cursor here for minor change[OSC1] definition)

e.	Contact Person Name: Beth Rous	Email:	brous@uky.edu	Phone:	257-9115

f.	Requested Effective Date: ☒ Semester Following Approval OR ☐ Specific Term[2]: _____

2.	**Designation and Description of Proposed Course.**	

a.	**Current Prefix and Number:** EDL 785	*Proposed Prefix & Number*:	_____

b.	**Full Title:**	Independent Work in School Adminstration	*Proposed Title*:	*Independent Work in Educational Leadership*

c.	**Current Transcript Title** (if full title is more than 40 characters):	Independent Work in Schl Adminstration
c.	*Proposed Transcript Title (if full title is more than 40 characters)*:	*Independent Work in Educ Leadership*

d.	**Current Cross-listing:** ☒ N/A	OR	Currently[3] Cross-listed with (Prefix & Number):	_____
	Proposed – ☐ *ADD[3] Cross-listing (Prefix & Number)*:		_____	
	Proposed – ☐ *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 hours[5] for each meeting pattern type.**

Current:	_____ Lecture	_____ Laboratory[5]	_____ Recitation	_____ Discussion	3 Indep. Study
	_____ Clinical	_____ Colloquium	_____ Practicum	_____ Research	_____ Residency
	_____ Seminar	_____ Studio	_____ Other – Please explain: _____		
Proposed:	_____ *Lecture*	_____ *Laboratory*	_____ *Recitation*	_____ *Discussion*	3 *Indep. Study*
	_____ *Clinical*	_____ *Colloquium*	_____ *Practicum*	_____ *Research*	_____ *Residency*
	_____ *Seminar*	_____ *Studio*	_____ *Other – Please explain:* _____		

f.	**Current Grading System:**	☒ Letter (A, B, C, etc.)	☐ Pass/Fail
	Proposed Grading System:	☒ *Letter (A, B, C, etc.)*	☐ *Pass/Fail*

g.	**Current number of credit hours:** 3	*Proposed number of credit hours:*	_____

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[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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h.	**Currently, is this course repeatable for additional credit?**		YES ☒	NO ☐
	Proposed to be repeatable for additional credit?		YES ☒	NO ☐
	If YES:	*Maximum number of credit hours:*	9	
	If YES:	*Will this course allow multiple registrations during the same semester?*	YES ☒	NO ☐

i.	**Current Course Description for Bulletin:**	Includes research on a practical problem in school administration. Open only to students with at least one semester of graduate work in education. May be repeated to a maximum of six credits.
	Proposed Course Description for Bulletin:	*Includes research on a practical problem in educational leadership. Open only to students with at least one semester of graduate work in education. May be repeated to a maximum of nine credits.*

j.	**Current Prerequisites, if any:**	Consent of instructor
	Proposed Prerequisites, if any:	*Consent of instructor*

k.	Current Distance Learning(DL) Status:	☐ N/A	☒ Already approved for DL*	☐ *Please Add[6]*	☐ *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 ☒) that the proposed changes do not affect DL delivery.

l.	**Current Supplementary Teaching Component, if any:**	☐ Community-Based Experience	☐ Service Learning	☐ Both
	Proposed Supplementary Teaching Component:	☐ *Community-Based Experience*	☐ *Service Learning*	☐ *Both*

3.	**Currently, is this course taught off campus?**	YES ☐	NO ☒
	Proposed to be taught off campus?	YES ☐	NO ☒

4.	**Are significant changes in content/teaching objectives of the course being proposed?**	YES ☐	NO ☒
	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 ☐	NO ☒
	If YES, identify the depts. and/or pgms: _____		

b.	**Will modifying this course result in a new requirement[7] for ANY program?**	YES ☐	NO ☒
	If YES[7], list the program(s) here: _____		

6.	**Information to be Placed on Syllabus.**	
a.	☐ 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 *you must include the differentiation* 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 *SR 3.1.4*.)

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[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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Signature Routing Log

General Information:

Course Prefix and Number: EDL 785

Proposal Contact Person Name: Beth Rous   Phone: 257-9115   Email: brous@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
EDL		Lars Bjork / 7-2450 / lbjor1@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:

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