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.

1.	**General Information.**		
a.	Submitted by the College of: Education	Today's Date:	10/4/11
b.	Department/Division: EDSRC		
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 definition)		
e.	Contact Person Name: Malachy Bishop	Email: mbishop@uky.edu	Phone: 7-4291
f.	Requested Effective Date: ☒ Semester Following Approval OR ☐ Specific Term[2]:		

> **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]

2.	**Designation and Description of Proposed Course.**		
a.	**Current Prefix and Number:** EDS 712	*Proposed Prefix & Number*:	
b.	**Full Title:** SEMINAR IN SPECIAL EDUCATION PROFESSIONAL SERVICES	*Proposed Title*:	*No Change*
c.	**Current Transcript Title** (if full title is more than 40 characters):		
c.	*Proposed Transcript Title (if full title is more than 40 characters)*:		
d.	**Current Cross-listing:** ☒ N/A OR	Currently[3] Cross-listed with (Prefix & Number):	
	Proposed – ☒ *ADD[3] Cross-listing (Prefix & Number)*:	*RC 712 and IEC 712*	
	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	_____ Indep. Study
	_____ Clinical	_____ Colloquium	_____ Practicum	_____ Research	_____ Residency
	2.5 Seminar	_____ Studio	_____ Other – Please explain:		

Proposed:	_____ *Lecture*	_____ *Laboratory*	_____ *Recitation*	_____ *Discussion*	_____ *Indep. Study*
	_____ *Clinical*	_____ *Colloquium*	_____ *Practicum*	_____ *Research*	_____ *Residency*
	2.5 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*: 3

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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:* _____		
	If YES: *Will this course allow multiple registrations during the same semester?*	*YES* ☐	*NO* ☐

i.	**Current Course Description for Bulletin:**	Study of procedures for providing special education professional services including consultation, technical assistance, continuing education programs, professional organization development, committee and advisory board involvement, professional writing and editing, leadership training, and funding proposal development.
	Proposed Course Description for Bulletin:	*No Change*

j.	**Current Prerequisites, if any:**	Admission into the Ed.S. or EDS Ph.D. program
	Proposed Prerequisites, if any:	*Admission to Ed.S, EDS, RC, or IEC Ph.D. Programs*

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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Signature Routing Log

General Information:

Course Prefix and Number: EDS 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	10/4/11	Belva Collins, Dept. Chair / 257-4713 / bcoll01@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:

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

Rev 8/09