

CHANGE DOCTORAL DEGREE PROGRAM FORM

GENERAL INFORMATION

College:	<u>Education</u>	Department:	<u>NA</u>
Current Major Name:	<u>Education Sciences</u>	Proposed Major Name:	_____
Current Degree Title:	<u>PhD</u>	Proposed Degree Title:	_____
Current Formal Option(s):	<u>none: currently we have the following strands-</u> <u>a. Curriculum and instruction</u> <u>b. Education leadership</u> <u>c. Educational policy studies: Evaluation and policy</u> <u>d. Educational policy studies: Philosophical and cultural inquiry</u> <u>e. Health education</u> <u>f. Interdisciplinary early childhood education</u> <u>g. Physical education</u> <u>h. Rehabilitation counseling</u> <u>i. Special education</u> <u>j. STEM Education</u>	Proposed Formal Option(s):	<u>a. Curriculum and instruction</u> <u>b. Education leadership</u> <u>c. Educational policy studies: Evaluation and policy</u> <u>d. Educational policy studies: Philosophical and cultural inquiry</u> <u>e. Health education</u> <u>f. Interdisciplinary early childhood education</u> <u>g. Physical education</u> <u>h. Rehabilitation counseling</u> <u>i. Special education</u> <u>j. STEM Education</u>
Current Specialty Fields w/in Formal Option:	<u>NA</u>	Proposed Specialty Fields w/in Formal Option:	_____
Date of Contact with Associate Provost for Academic Administration ¹ :		<u>October 20, 2012</u>	
Bulletin (yr & pgs):	<u>2012, 45</u>	CIP Code ¹ :	<u>13.0601</u>
Today's Date:		<u>October 23, 2012</u>	
Accrediting agency (if applicable):	<u>NA</u>		
Requested Effective Date:	<input checked="" type="checkbox"/> Semester following approval.	OR	<input type="checkbox"/> Specific Date ² : _____
Dept Contact Person:	<u>Robert Shapiro</u>	Phone:	<u>7-9795</u>
Email:		<u>rshap01@uky.edu</u>	

CHANGE(S) IN PROGRAM REQUIREMENTS

	<u>Current</u>	<u>Proposed</u>
1. Number of transfer credits allowed:	<u>NO CHANGES TO PROGRAM</u>	_____
<i>(Maximum is Graduate School limit of total of 9 hours (or 25% of the credit hours needed to fulfill the pre-qualifying residency requirement.)</i>		
2. Residence requirement:	_____	_____
<i>(Minimum of one year before and after Qualifying Exams.)</i>		
3. Language(s) and/or skill(s) required:	_____	_____
4. Provisions for monitoring progress and termination criteria:	_____	_____

¹ Prior to filling out this form, you MUST contact the Associate Provost for Academic Administration (APAA). If you do not know the CIP code, the APAA can provide you with that during the contact.

² Programs are typically made effective for the semester following approval. No program will be made effective until all approvals are received.

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5. Total credit hours required:	_____	_____
6. Required courses:	_____	_____
7. Required distribution of courses within program:	_____	_____
8. Minor area or courses outside program required:	_____	_____
9. Distribution of courses levels required (400G-500/600-700):	_____	_____
10. Qualifying examination requirements:	_____	_____
<p>11. Explain whether the proposed changes to the program (as described in numbers 1 through 10) involve courses offered by another department/program. <u>Routing Signature Log must include approval by faculty of additional department(s).</u></p> <p><u>NO changes are being proposed to the program other than to formalize existing strands into options.</u></p>		
<p>12. Other requirements not covered above:</p> <p><u>We are asking to formally recognize the existing approved strands in the program as formal options in the program.</u></p>		
<p>13. What is the rationale for the proposed changes? If the rationale involves accreditation requirements, please include specific references to those requirements.</p> <p><u>The change was recommended by the Graduate School and the Registrar to allow formal recognition of the option area on the student's transcript.</u></p>		

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Signature Routing Log

General Information:

Proposal Name: Formalize options in Education Sciences PHD program

Proposal Contact Person Name: Robert Shapiro Phone: 7-9795 Email: rshap01@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
COE directors of graduate study	10/3/12	Robert S / 7-9795 / rshap01@uky.edu	
COE Courses & Curricula	11/14/12	Doug Smith / 257-1824 / dcsmit1@uky.edu	
		/ /	
		/ /	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision³
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

³ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.