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Courses	Request Tracking
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## Course Change Form

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NOTE: Start form entry by choosing the Current Prefix and Number  
(\*denotes required fields)

	<b>Current Prefix and Number:</b>	AT - Athletic Training AT 692 - ORTHOPAEDIC EVALUATION OF THE SPINE	<i>Proposed Prefix &amp; Number:</i>	AT 692
*	What type of change is being proposed?	<input checked="" type="checkbox"/> Major Change <input type="checkbox"/> Major – Add Distance Learning <input type="checkbox"/> Minor - change in number within the same hundred series, exception 600-799 is the same "hundred series" <input type="checkbox"/> Minor - editorial change in course title or description which does not imply change in content or emphasis <input type="checkbox"/> Minor - a change in prerequisite(s) which does not imply a change in course content or emphasis, or which is made necessary by the elimination or significant alteration of the prerequisite(s) <input type="checkbox"/> Minor - a cross listing of a course as described above		
	Should this course be a UK Core Course? <input type="radio"/> Yes <input checked="" type="radio"/> No	If YES, check the areas that apply:		
	<input type="checkbox"/> Inquiry - Arts & Creativity	<input type="checkbox"/> Composition & Communications - II		
	<input type="checkbox"/> Inquiry - Humanities	<input type="checkbox"/> Quantitative Foundations		
	<input type="checkbox"/> Inquiry - Nat/Math/Phys Sci	<input type="checkbox"/> Statistical Inferential Reasoning		
	<input type="checkbox"/> Inquiry - Social Sciences	<input type="checkbox"/> U.S. Citizenship, Community, Diversity		
	<input type="checkbox"/> Composition & Communications - I	<input type="checkbox"/> Global Dynamics		
1.	<b>General Information</b>			
a.	Submitted by the College of:	Health Sciences	Today's Date:	4/17/2013
b.	Department/Division:	Rehabilitation Sciences / Athletic Training		
c.*	Is there a change in "ownership" of the course?			
	<input type="radio"/> Yes <input checked="" type="radio"/> No If YES, what college/department will offer the course instead? <input type="text" value="Select..."/>			
e.*	* Contact Person Name:	Jennifer M. Medina Mck	Email:	jmed2@uky.edu
	* Responsible Faculty ID (if different from Contact)		Email:	
			Phone:	(859)218-0594
f.*	Requested Effective Date:	<input checked="" type="checkbox"/> Semester Following Approval	OR	Specific Term: <sup>2</sup>
2.	<b>Designation and Description of Proposed Course.</b>			
a.	Current Distance Learning(DL) Status:	<input checked="" type="radio"/> N/A <input type="radio"/> Already approved for DL* <input type="radio"/> Please Add <input type="radio"/> 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.			
b.	<b>Full Title:</b>	ORTHOPAEDIC EVALUATION OF THE SPINE	<i>Proposed Title: *</i>	ORTHOPAEDIC EVALUATION & REHABILITATION OF THE SPINE
c.	<b>Current Transcript Title</b> (if full title is more than 40 characters):	ORTHOPAEDIC EVALUATION OF THE SPINE		
c.	<b>Proposed Transcript Title</b> (if full title is more than 40 characters):	ORTHOPAEDIC EVAL REHAB-SPINE		
d.	<b>Current Cross-listing:</b>	<input checked="" type="checkbox"/> N/A	OR	Currently <sup>3</sup> Cross-listed with (Prefix & Number): <input type="text" value="none"/>
	<i>Proposed – ADD<sup>3</sup> Cross-listing (Prefix &amp; Number):</i>			
	<i>Proposed – REMOVE<sup>3,4</sup> Cross-listing (Prefix &amp; Number):</i>			

<b>e. Courses must be described by at least one of the meeting patterns below. Include number of actual contact hours <sup>5</sup> for each meeting pattern type.</b>					
Current:	Lecture 30	Laboratory <sup>5</sup> 15	Recitation	Discussion	Indep. Study
	Clinical	Colloquium	Practicum	Research	Residency
	Seminar	Studio	Other _____ Please explain: _____		
Proposed: *	Lecture 60	Laboratory <sup>5</sup> 0	Recitation	Discussion	Indep. Study
	Clinical	Colloquium	Practicum	Research	Residency
	Seminar	Studio	Other _____ Please explain: _____		
<b>f. Current Grading System:</b>		Graduate School Grade Scale			
Proposed Grading System:*		<input checked="" type="radio"/> Letter (A, B, C, etc.) <input type="radio"/> Pass/Fail <input type="radio"/> Medicine Numeric Grade (Non-medical students will receive a letter grade)			
<b>g. Current number of credit hours:</b>	3		Proposed number of credit hours:*	4	
<b>h.* Currently, is this course repeatable for additional credit?</b>					<input type="radio"/> Yes <input checked="" type="radio"/> No
* Proposed to be repeatable for additional credit?					<input type="radio"/> Yes <input checked="" type="radio"/> No
If YES:	Maximum number of credit hours:				
If YES:	Will this course allow multiple registrations during the same semester?				<input type="radio"/> Yes <input type="radio"/> No
<b>i. Current Course Description for Bulletin:</b>					
This is an advanced athletic training course encompassing a regional study of orthopedic evaluation, assessment, management, and rehabilitation of the cervical, thoracic, and lumbar spine. A combination of discussion, lecture, and critical review of literature, laboratory, and student presentations will be employed.					
* Proposed Course Description for Bulletin:					
This is an advanced athletic training course encompassing a regional study of orthopedic evaluation & management of the cervical, thoracic, and lumbar spine. A combination of lecture, applied evaluation & rehabilitation techniques, critical reviews of the literature, discussion, and student presentations will be employed.					
<b>j. Current Prerequisites, if any:</b>					
None listed					
* Proposed Prerequisites, if any:					
Graduate standing and consent of instructor.					
* _____					
<b>k. Current Supplementary Teaching Component, if any:</b>					<input type="radio"/> Community-Based Experience <input type="radio"/> Service Learning <input type="radio"/> Both
Proposed Supplementary Teaching Component.					<input type="radio"/> Community-Based Experience <input type="radio"/> Service Learning <input type="radio"/> Both <input checked="" type="radio"/> No Change
<b>3. Currently, is this course taught off campus?</b>					<input type="radio"/> Yes <input checked="" type="radio"/> No
* Proposed to be taught off campus?					<input type="radio"/> Yes <input checked="" type="radio"/> No

	If YES, enter the off campus address: _____	
<b>4.*</b>	<b>Are significant changes in content/student learning outcomes of the course being proposed?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
	If YES, explain and offer brief rationale:	
	<p>The current AT 692 Course is better reflected as a 4-hour lecture course, as opposed to a Lecture with subsection Laboratory format. The content of this course has been modified in order to provide students with more necessary didactic material.</p> <p>The requested course change is to move AT 692 from a 4-hour, 3-credit (2 Lecture/1 Lab) to a 4-hour, 4-credit (Lecture only) course. This would be much more representative of the course content that best meets student needs.</p>	
<b>5.</b>	<b>Course Relationship to Program(s).</b>	
<b>a.*</b>	<b>Are there other depts and/or pgms that could be affected by the proposed change?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If YES, identify the depts. and/or pgms:	
<b>b.*</b>	<b>Will modifying this course result in a new requirement<sup>7</sup> for ANY program?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
	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 <b>changed to 400G or 500.</b>	If <b>changed to 400G-</b> or <b>500-level</b> 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 SR 3.1.4.)

<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.)

<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.

**Submit as New Proposal**

**Save Current Changes**

**Delete Form Data and Attachments**