

CHANGE MASTERS DEGREE PROGRAM FORM

1. GENERAL INFORMATION

College: Health Sciences Department: Rehabilitation Sciences
Current Major Name: Athletic Training Proposed Major Name: No change
Current Degree Title: MS Proposed Degree Title: No change
Formal Option(s): Non-thesis Proposed Formal Option(s): No change
Specialty Fields w/in Formal Option: N/A Proposed Specialty Fields w/in Formal Options: No change
Date of Contact with Associate Provost for Academic Administration¹: N/A
Bulletin (yr & pgs): 2012 & 95-6 CIP Code¹: 51.0913 Today's Date: 10/10/12
Accrediting Agency (if applicable): National Athletic Trainers' Association
Requested Effective Date: Semester following approval. OR Specific Date²:
Dept. Contact Person: Janice Kuperstein Phone: 218-0593 Email: jkupe0@uky.edu

2. CHANGE(S) IN PROGRAM REQUIREMENTS

	<u>Current</u>	<u>Proposed</u>
1.	Number of transfer credits allowed (Maximum is Graduate School limit of 9 hours or 25% of course work)	No change
2.	Residence requirement (if applicable)	No change
3.	Language(s) and/or skill(s) required	No change
4.	Termination criteria	No change
5.	Plan A Degree Plan requirements ³ (thesis)	No change
6.	Plan B Degree Plan requirements ³ (non-thesis)	No change
7.	Distribution of course levels required (At least one-half must be at 600+ level & two-thirds must be in organized courses.)	No change
8.	Required courses (if applicable)	No change
9.	Required distribution of courses within program (if applicable)	No change
10.	Final examination requirements	No change
11.	Explain whether the proposed changes to the program (as described in sections 1 to 10) involve courses offered by another department/program. <u>Routing Signature Log must include approval by faculty of additional</u>	

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 Program changes are typically made effective for the semester following approval. No changes will be made effective until all approvals are received.

³ If there is only one plan for the degree, plans involving a thesis (or the equivalent in studio work, etc.) should be discussed under Plan A and those not involving a thesis should be discussed under Plan B.

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department(s).

The proposed changes do not involve courses offered by another department or program

12. List any other requirements not covered above?

We request to make a program change to increase the Credit Hours Required from 42 credits to 43 credits. This change will reflect a 1-credit increase to AT 692.

13. Please explain the rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.

We have submitted a Course Change request to increase the credits of AT 692. The increase in credit hours for this course is more representative of the course content that best meets the students needs. This associated program change will reflect an increase in the overall credits for the MS Athletic Training degree.

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Signature Routing Log

General Information:

Proposal Name: Total credit hour increase for MS Athletic Training

Proposal Contact Person Name: Jennifer McKeon Phone: 218-0594 Email: jmedi2@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
Athletic Training Program Director	10/10/2012	Carl Mattacola / 218-0860 / carlmat@uky.edu	<i>Carl Mattacola</i>
Rehabilitation Sciences Department Chair	10/10/12	Janice Kuperstein / 218-0593 / jkupe0@uky.edu	<i>Janice Kuperstein</i>
Acting Associate Dean of Academic Affairs	10/15	Phyllis Nash / 218-0570 / pnash@uky.edu	<i>Phyllis Nash</i>
College Advising Committee	10/12/12	Richie Andreatta / 218-0523 / richard.andreatta@uky.edu	<i>R. Andreatta</i>
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁴
Undergraduate Council			
Graduate Council			
Health Care Colleges Council	11/20/2012	Cynthia Beeman, Chair	
Senate Council Approval		University Senate Approval	

Comments:

⁴ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.