

UNIVERSITY OF KENTUCKY  
REQUEST FOR CHANGE IN MASTERS DEGREE PROGRAM

Program: Art Studio

Department/Division: Art

College: Fine Arts Bulletin pp 120 (Spring 2008)

Degree Title (Old): \_\_\_\_\_ Major (New): n/a

CIP Code: M50.6799.01/UK-1002 HEGIS Code: \_\_\_\_\_

Accrediting Agency (if applicable): \_\_\_\_\_

I. CHANGE(S) IN PROGRAM REQUIREMENTS

	<u>Current</u>	<u>Proposed</u>
1. Number of transfer credits allowed (Graduate School limit: 9 hours or 25% of coursework)		n/a
2. Residence requirement (if applicable)		n/a
3. Language(s) and/or skill(s) required		n/a
4. Termination criteria		n/a
5. Plan A requirements*		n/a
6. Plan B requirements*		n/a
7. Distribution of course levels required (At least one half must be at 600+ level & two thirds must be in organized courses)		n/a
8. Required courses (if applicable)		n/a
9. Required distribution of courses within program (if applicable)		n/a
10. Final examination requirements		n/a

\* 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.

NOTE: To the extent that proposed changes in 5, 6 or 8 above involve the addition of courses in other programs, please submit correspondence from the other program(s) pertaining to the availability of such courses to your students.

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11. Any other requirements not covered above  
Replace the third sentence of the first paragraph on p. 120 (Spring 2008 Bulletin) with the following: The deadline for all materials is January 1.

II. RATIONALE FOR CHANGE(S)  
If the rationale involves accreditation requirements, please include specific references to those requirements.  
Our current deadline is too late and hinders recruitment efforts. We have lost desirable applicants to other art studio programs for this reason.

Signatures of Approval:

*Sept. 1, 2008*

Date of Approval by Department Faculty

*8/25/08*

Date of Approval by College Faculty

Reported by Department Chair

Reported by College Dean

\*Date of Approval by Undergraduate Council

Reported by Undergraduate Council Chair

\*Date of Approval by Graduate Council

Reported by Graduate Council Chair

\*Date of Approval by Health Care Colleges Council (HCCC)

Reported by HCCC Chair

\*Date of Approval by Senate Council

Reported by Senate Council Office

\*Date of Approval by University Senate

Reported by Senate Council Office

\*If applicable, as provided by the Rules of the University Senate

ACTION OTHER THAN APPROVAL