REQUEST FOR CHANGE IN UNDERGRADUATE PROGRAM

a,

Program: Sociology						
Formal Option : (if applicable)		or Specialty Field	(if applicable)			
Department (if applicable): Sociolog	3.À					
College (if applicable): Arts & Scie	nces					
Degree title: B.A. & B.S.		Bulletin pp.: 135-137				
CIP Code: UK ID	No.:	HEGIS CODE:				
Accrediting Agency (if applicable):						
I. PROPOSED CHANGE(S) IN PROGRAM REQUIREMENTS						
1. Particular University Studies Requirements or Recommendations for						
this program I. Mathematics	Current	Proposed	1			
II. Foreign Language						
III. Inference-Logic						
IV. Written Communication	ENG 104 or Honors					
V. Oral Communication	Suspended until Fall 2007					
VI. Natural Sciences						
VII. Social Sciences						
IX. Cross-Cultural						
X. USP Electives (3 must be outside the student's major						
2. University Graduation Writing Requirement Select from approved courses						
3. <u>College Depth and Breadth of Study Requirements (if applicable) (including particular courses required or recommended for this program</u> ) NOTE: To the extent that proposed changes in 2. through 6. involve additional courses offered in another program, please submit correspondence with the program(s) pertaining to the availability of such courses to your students.						
Current		Proposed	L			
4. Premajor or Preprofessional Course Requirements (if applicable)						
Curren	<u>t</u>	Proposed	l			

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5. Credit Hours Required	Current		Proposed		
a. Total Required for Graduation:					
b. Required by level:					
100	200	300	400-500		
<ul> <li>c. Premajor or Preprofessional (if applicable)</li> <li>d. Field of Concentration (if applicable)</li> <li>e. Division of Hours Between Maj Subject and Related Field (if applicable)</li> </ul>	jor	<ul> <li>f. Hours Needed for a Particular Option or Specialization (if applicable)</li> <li>g. Technical or Professional Support Electives (if applicable)</li> <li>h. Minimum Hours of Free or Supportive Electives (Required)</li> </ul>			
6. Major or Professional Course Requirements					
Current			Proposed		
SOC 302 and SOC 303			SOC 302 or PSY 215 AND SOC 303 or PSY 216		
7. Minor Requirements (if applicable)					
Current			Proposed		
SOC 302 and SOC 303			SOC 302 or PSY 215 AND		

Total Hours:

SOC 303 or PSY 216

8. Rationale for Change(s): (If rationale involves accreditation requirements, please include specific references to those requirements.)

The Department of Sociology routinely accepts PSY 215 as equivalent to SOC 302 and PSY 216 as equivalent to SOC 303. By formalizing this equivalency, we eliminate the extra effort of approving this course substitution on an individual case by case basis.

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9. List below the typical semester by semester program for a major.

<u>Curren</u>t

Signatures of Approval:

Date of Approval by Department Faculty 2/6/07

Date of Approval by College Faculty

\*Date of Approval by Undergraduate Council

\*Date of Approval by Graduate Council

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

\*Date of Approval by Senate Council

\*Date of Approval by University Senate

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

Reported by Department Chair

Reported by Callege Dean Reported by Undergraduate Council Chair

Reported by Graduate Council Chair

Reported by HCCC Chair

Reported by Senate Council Office

Reported by Senate Council Office

Rev 7/06

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## ARTS AND SCIENCES EDUCATIONAL POLICY COMMITTEE {PRIVATE }INVESTIGATOR REPORT INVESTIGATING AREA: <u>Behav. & Soc. Sci.</u> COURSE, MAJOR, DEGREE or ROGRAM: <u>Soc. Sci.</u> COURSE, MAJOR, DEGREE or ROGRAM: <u>Soc. Sci.</u> COURSE, MAJOR, DEGREE or ROGRAM: <u>Soc. Sci.</u> CATEGORY: NEW, CHANGE, DROP

INSTRUCTIONS: This completed form will accompany the course application to the Graduate/Undergraduate Council(s) in order to avoid needless repetition of investigation. The following questions are included as an outline only. Be as specific and as brief as possible. If the investigation was routine, please indicate this. The term "course" is used to indicate one course, a series of courses or a program, whichever is in order. Return the form to Leonidas Bachas Associate Dean, 275 Patterson Office Tower for forwarding to the Council(s). ATTACH SUPPLEMENT IF NEEDED.

- 1. List any modifications made in the course proposal as submitted originally and why.
- 2. If no modifications were made, review considerations that arose during the investigation and the resolutions.
- 3. List contacts with program units on the proposal and the considerations discussed therein.
- 4. Additional information as needed.
- 5. A&S Area Coordinator Recommendation:

APPROVE, APPROVE WITH RESERVATION, OR DISAPPROVE

6. A&S Education Policy Committee Recommendation:

PPROVE WITH RESERVATION, OR DISAPPROVE APPROVE. Date: 2-6-67 7. Committee, Jonathan Golding &S Educational Po File: \InvestigatorRpt