APPLICATION FOR CHANGE IN EXISTING COURSE: MAJOR and MINOR

1.	Submitted by the College o	Business & Economics		Date: _11/14/2007					
	Department/Division offeri	ing course: College							
2.	What type of change is being proposed?								
	If the Senate Council chair of and an email notification wi	deems the change not to be min ill be sent to the contact person.	or, the form will be sent	to the appropriate Coun	cil for normal processing				
			SED CHANGES						
		Please comple	te <u>all</u> "Current" fields.						
	Fill out t	he " <i>Proposed</i> " field <u>only</u> for ite	ems being changed. Ente	er N/A if not changing.					
		Circle the number for each ite	m(s) being changed. Fo	r example: 6					
3.	Current prefix & number:	B&E 120	Proposed prefix	x & number: <u>B&E 120</u>)				
4.	Current Title	Leadership in the Global I	Marketplace						
	Proposed Title [†]	Leadership in the Global	Marketplace						
	†If title is longer than 24 cho	aracters (including spaces), wri	te a sensible title (24 ch	aracters or less) for use	on transcripts:				
5.	Current number of credit hos	urs: 1	Proposed number of crea	dit hours: 3	·				
6.	Currently, is this course repe	eatable? YES NO	☐ If YES, cu	rrent maximum credit ho	ours:				
	Proposed to be repeatable?	YES NO	☐ If YES, prop	osed maximum credit ho	urs:				
7.	Current grading system:	Letter (A, B, C, etc.)	Pass/Fail	·					
	Proposed grading system:	Letter (A, B, C, etc.)	☐ Pass/Fail						
8.	Courses must be described b category, as applicable.	y at least one of the categories	below. Include the numb	per of actual contact hou	rs per week for each				
	Current:								
	() CLINICAL	() COLLOQUIUM (_) DISCUSSION	() LABORATORY	(1) LECTURE				
	() INDEPEND. STUDY	() PRACTICUM	() RECITATION	() RESEARCH	() RESIDENCY				
	() SEMINAR () STUDIO () OTHE	ER – Please explain: _						
	Proposed:								
	() CLINICAL (() COLLOQUIUM (<u>+</u>) DISCUSSION	(<u>1</u>) LABORATORY	(1) LECTURE				
	() INDEPEND. STUDY	() PRACTICUM	() RECITATION	() RESEARCH	() RESIDENCY				
	() SEMINAR () STUDIO () OTH	ER – Please explain:						
	Requested effective date (terr	n/year):sprin	g / 2009	<u> </u>					

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list any other depar		be affected by the propose	ed change:		
	change the degree		rogram on com-		⊠ NO
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Is th	is course cur	rently in	ncluded in the Univ	ersity S	tudies Pro	gram?						Yes	⊠ No
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With	in the depart	ment, w	ho should be conta	cted for	further in:	formati	on on the	proposed o	cour	se change?			
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SR 3.3.0.G.2: Definition. A request may be considered a minor change if it meets one of the following criteria:													
 a. change in number within the same hundred series; b. editorial change in the course title or description which does not imply change in content or emphasis; c. a change in prerequisite(s) which does not imply change in content or emphasis, or which is made necessary by the elimination or significant alteration of the prerequisite(s); d. a cross-listing of a course under conditions set forth in SR 3.3.0.E; 													
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Nancy Johnson Phone: 257-2976 Email: nbj@uky.edu Phone: 257-2976 Email: nbj@uky.edu Phone: 257-2976 DATE of Approval by Department Faculty Printed name Reported by Department Chair Approved US 9/30708 *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 Health Care Colleges Council *DATE of Approval by Senate Council *DATE of Approval by Senate Council *DATE of Approval by Health Care Colleges Council *DATE of Approval by Senate Council *DATE of Approval by Health Care Colleges Council *DATE of Approval by Health Care Colleges Council *DATE of Approval by Senate Council *DATE of Approval by Senate Council *DATE of Approval by College Faculty *DATE of Approval by Health Care Colleges Council *DATE of Approval by Health Care Colleges Council *DATE of Approval by Senate Council *DATE of Approval by Senate Council *DATE of Approval by the University Senate Rules. 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