



UNIVERSITY OF KENTUCKY

MEMORANDUM

TO: Health Care Colleges Council

RE: Request for changes to the curriculum and courses in the Communication Sciences and Disorders Undergraduate program

DATE: November 18, 2008

I am attaching the proposal for changes to the Communication Sciences and Disorders (CSD) Undergraduate Program and to several courses (CD 410, 482, & 483) for consideration by the Health Care Colleges Council. The CSD Undergraduate Program is located in the Department of Rehabilitation Sciences, College of Health Sciences. These changes were recommended for approval by the Department Chair, Judith L. Page, and the CHS Academic Affairs Committee. I support the proposals.

The purpose of the proposed changes in the CSD Undergraduate Program and 3 courses is to drop the Graduation Writing Initiative from the Program. Faculty members have found the administration of the GWR to be far more labor-intensive than was expected with less support than was anticipated.

Please contact Kathleen M. Youse (323-1100, ext 80475) or Sharon Stewart (323-1100, ext 80570) regarding any concerns or questions.

REQUEST FOR CHANGE IN UNDERGRADUATE PROGRAM

1. General Information

College: Health Sciences Department: Rehabilitation Sciences
Current Program Name: Communication Disorders Proposed Program Name: n/a
Current Major Name: Communication Disorders Proposed Major Name: n/a
Current Degree Title: Bachelor of Health Sciences Proposed Degree Title: n/a
Formal Option: Specialty Field:
Bulletin (yr and pgs): CIP Code: UK ID #: HEGIS CODE:
Accrediting Agency (if applicable):

2. Particular University Studies Requirements or Recommendations for this Program.

	Current	Proposed
I. Mathematics	CODI Studnets follow general USP	requirements in each area
II. Foreign Language		
III. Inference-Logic		
IV. Written Communication	ENG 104 or Honors	
V. Oral Communication	Suspended through Fall 2009	Suspended through Fall 2009
VI. Natural Sciences		
VII. Social Sciences		
VIII. Humanities		
IX. Cross-Cultural		
X. USP Electives (3 must be outside the student's major)		

To the extent that proposed changes in sections 3 through 8 involve courses offered in another program, please submit correspondence with the program(s) pertaining to the availability of such courses to your students.

3. University Graduation Writing Requirement - select from approved courses.

4. College Depth & Breadth of Study Requirements (if applicable). Include particular courses required/recommended for this program.

Current	Proposed
See item #3 above: The program currently offers CD 410, CD482, and CD 483 as upper tier writing courses to fulfill the Graduation Writing Requirement (GWR).	Drop the upper tier writing component from CD 410, CD482, and CD483. Student would take an ENG course for fulfill the GWR.

REQUEST FOR CHANGE IN UNDERGRADUATE PROGRAM

5. Premajor or Preprofessional Course Requirements (if applicable).

Current	<i>Proposed</i>
Completion of 42 semester hours + Psy 100	Unchanged

6. Credit Hours.

a. Credit Hours Required: Current: 48 *Proposed:* unchanged

b. Total Required for Graduation: Current: 120 *Proposed:* unchanged

c. Required by Level:

Currently:	100:	200:	300:	400-500:
<i>Proposed:</i>	<i>100:</i>	<i>200:</i>	<i>300:</i>	<i>400-500:</i>

d. Current Premajor or Preprofessional:	Psy 100	d. <i>Proposed Premajor or Preprofessional:</i>	n/a
e. Current Field of Concentration:	CODI	e. <i>Proposed Field of Concentration:</i>	n/a
f. Current Division of Hrs between Major Subject & Related Field:	39/9	f. <i>Proposed Division of Hrs between Major Subject & Related Field:</i>	n/a
g. Current Hrs Needed for a Specific Option or Specialization:	n/a	g. <i>Proposed Hrs Needed for a Specific Option/Specialization:</i>	n/a
h. Current Technical or Professional Support Electives:	n/a	h. <i>Proposed Technical or Professional Support Electives:</i>	n/a
i. Current Minimum Hours of Free or Supportive Electives:	72	i. <i>Proposed Minimum Hours of Free or Supportive Electives:</i>	n/a

7. Major or Professional Course Requirements.

Current	<i>Proposed</i>
48 credits	

8. Minor Requirements (if applicable).

Current	<i>Proposed</i>
n/a	

9. Rationale for Change(s) – if rationale involves accreditation requirements, please include specific references to those.

The only change is the drop of the upper tier writing projects to fulfill the Graduation Writing Requirement. Courses have not changed other than the drop of the upper tier writing assignments. Faculty members have found the administration of the GWR to be more labor-intensive than was expected with less support than previously anticipated.

REQUEST FOR CHANGE IN UNDERGRADUATE PROGRAM

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

Current	Hours	Proposed	Hours
YEAR 1 - Fall		YEAR 1 - Fall	

These are completely unchanged throughout. No courses have been dropped or changed.

Current Total, Year 1 Fall

Proposed Total, Year 1 Fall:

YEAR 1 – Spring

YEAR 1 – Spring

Health Sciences

Current Total, Year 1 Spring:

Proposed Total, Year 1 Spring: 9/17/08

YEAR 2 - Fall

YEAR 2 – Fall

Current Total, Year 2 Fall:

Proposed Total, Year 2 Fall:

YEAR 2 - Spring

YEAR 2 – Spring

CD 483

Current Total, Year 2 Spring:

Proposed Total, Year 2 Spring: Clinical Management

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10. Semester Plans, continued.

Current	Hours	Proposed	Hours
YEAR 3 - Fall		YEAR 3 - Fall	

3

Current Total, Year 3 Fall:
YEAR 3 - Spring

Proposed Total, Year 3 Fall:
YEAR 3 - Spring

Current Total, Year 3 Spring:
YEAR 4 - Fall

Proposed Total, Year 3 Spring: 3
YEAR 4 - Fall

Current Total, Year 4 Fall:
YEAR 4 - Spring

Proposed Total, Year 4 Fall:
YEAR 4 - Spring

Current Total, Year 4 Spring:

Proposed Total, Year 4 Spring:

Current Total Hours:

Proposed Total Hours:

CSD
Request for change in UG program

10. Signatures of Approval:

8/22/08
DATE of Approval by Department Faculty

Judith L. Page / Judith L. Page
Reported by Department Chair

11/17/08
DATE of Approval by College Faculty

Sharon R. Stewart / Sharon R. Stewart
Reported by College Dean

4/7/2009
*DATE of Approval by Undergraduate Council

/
Reported by Undergraduate Council Chair

*DATE of Approval by Graduate Council

/
Reported by Graduate Council Chair

12/16/08
*DATE of Approval by Health Care Colleges Council (HCCC)

Heidi Anderson / Heidi Anderson
Reported by Health Care Colleges Council Chair

*DATE of Approval by Senate Council

Reported by Office of the Senate Council

*DATE of Approval by the University Senate

Reported by the Office of the Senate Council

*If applicable, as provided by the *University Senate Rules*.