

## REQUEST FOR CHANGE IN UNDERGRADUATE PROGRAM

### 1. General Information

College: Fine Arts		Department: School of Music	
Current Program Name:	Bachelor of Music in Music Education	Proposed Program Name:	NA
Current Major Name:		Proposed Major Name:	NA
Current Degree Title:	Bachelor of Music in Music Education	Proposed Degree Title:	NA
Formal Option:		Specialty Field:	
Bulletin (yr and pgs):		CIP Code:	B13.1312/UK-O832
		UK ID #:	
		HEGIS CODE:	
Accrediting Agency (if applicable):	NASM	Today's Date:	2/20/09

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

	Current	Proposed
I. Mathematics	NO CHANGES IN USP	
II. Foreign Language		
III. Inference-Logic		
IV. Written Communication	ENG 104 or Honors	
V. Oral Communication	Suspended through Fall 2009	<i>Suspended through Fall 2009</i>
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
NO CHANGE	



## REQUEST FOR CHANGE IN UNDERGRADUATE PROGRAM

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

The current restriction assumes that ensemble credit carries less credibility than other MUS, MUC or MUP courses, an assumption that the music education faculty finds has no basis in reality. No evidence has been found that UK Benchmark institutions have such a restriction. The Music Education degree traditionally requires more hours than either the Bachelor of Music or the Bachelor of Arts in Music, and neither of those degree programs has a similar restriction on electives. The music education faculty strongly supports giving music education students free choice in this matter.

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	
NO CHANGE, ALL YEARS (i.e. "BIO 103")	(i.e. "3")		
Current Total, Year 1 Fall	16	Proposed Total, Year 1 Fall:	
YEAR 1 - Spring		YEAR 1 - Spring	
Current Total, Year 1 Spring:		Proposed Total, Year 1 Spring:	
YEAR 2 - Fall		YEAR 2 - Fall	
Current Total, Year 2 Fall:		Proposed Total, Year 2 Fall:	
YEAR 2 - Spring		YEAR 2 - Spring	
Current Total, Year 2 Spring:		Proposed Total, Year 2 Spring:	

REQUEST FOR CHANGE IN UNDERGRADUATE PROGRAM

10. Semester Plans, continued.

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

REQUEST FOR CHANGE IN UNDERGRADUATE PROGRAM

12.	Requested effective date for changes (term/year):	FALL	/	2009
13.	Within the department, who should be contacted for further information about the proposed program change?			
	Name:	David Sogin	Phone:	7-1038
			Email:	sogin@uky.edu

14. Signatures of Approval.

<u>23 Oct. 2009</u>	<u>BEN ARNOLD</u>	<u>[Signature]</u>	
DATE of Approval by Department Faculty	printed name	Reported by Department Chair	signature
<u>11/6/09</u>	<u>ROBERT STACY</u>	<u>[Signature]</u>	
DATE of Approval by College Faculty	printed name	Reported by College Dean	signature
<u>12/01/2009</u>		/	
*DATE of Approval by Undergraduate Council	printed name	Reported by Undergraduate Council Chair	signature
		/	
*DATE of Approval by Graduate Council	printed name	Reported by Graduate Council Chair	signature
		/	
*DATE of Approval by Health Care Colleges Council (HCCC)	printed name	Reported by Health Care Colleges Council Chair	signature
*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*.