REQUEST FOR CHANGE IN UNDERGRADUATE PROGRAM

1. General Information

Special Education & Rehabilitation Counseling College: Education Department:

Interdisciplinary Early Childhood Proposed Program Name: N/A Current Program Name: Education

Proposed Major Name: Current Major Name:

Current Degree Title: BS Proposed Degree Title: N/A

Specialty Field: N/A Formal Option: N/A

2007-2008 **HEGIS CODE:** CIP Code: 13.1210 UK ID #: Bulletin (yr and pgs): pgs 173-174

National Council for Accreditation of Teacher Today's Date: March 2009

Accrediting Agency (if applicable): Education

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

Proposed Current MA 109 or 110 or ACT 26 N/A I. Mathematics

II. Foreign Language

IV. Written Communication

MA 123 or STA 200 and PHI 120 Phi N/A III. Inference-Logic 320

ENG 104 or Honors

V. Oral Communication Suspended through Fall 2009 Suspended through Fall 2009

N/A

VI. Natural Sciences BIO 102, 103 & 111 N/A

VII. Social Sciences PSY 100 and SOC 101 N/A

HIS 104/105 or 108/109 N/A VIII. Humanities

N/A IX. Cross-Cultural Choice

X. USP Electives (3 must be outside Choice N/A

the student's major)

None

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

None

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

Current *Proposed* COM 181, PSY 100, SOC 101, IEC 120, STA 200 *N/A*

6. Credit Hours.

a.	Credit Hours Requ	uired:	Cui	rrent: 128		Proposed:	1	N/A			
b.	Total Required fo	r Gradu	ation:	Current: 128		Pr	opose	d: N/A			
c.	Required by Leve			-00	_		•••	•	400 500		
	Currently: Proposed:	100: 100:	4 <i>N/A</i>	200: 200:	5 <i>N/A</i>		300: <i>300:</i>	3 N/A	400-500: 400-500:	14 <i>N/A</i>	
d.	Current Premajor	or Prep	rofession	al:		16	d. Pro	oposed Prem	ajor or Preprofe	ssional:	N/A
(Current Field of C	Concenti	ration:			71	e. Pro	oposed Field	of Concentration	1 :	68
	Current Division of Hrs between Major Subject & Related Field: Current Hrs Needed for a Specific Option or Specialization:				f. Proposed Division of Hrs between Major Subject & Related Field: g. Proposed Hrs Needed for a Specific Option/Specialization:						
h.	Current Technical	or Prof	essional	Support Elective	es:			oposed Tech ctives:	nical or Profession	onal Support	
(1)	Current Minimum Electives:	Hours	of Free o	or Supportive		8		pposed Minin ctives:	num Hours of Fr	ee or Supportive	11

7. Major or Professional Course Requirements.

Current Proposed
FAM 255, IEC/FAM 256, IEC/FAM 557 IEC 256, 260, 411, 507, 510, 512, 546, 552, 508, 509, 557,EDP 202, EDC317, EDS 375, 513, 516, 522, 530
FAM 544 or Cultural Diversity Course, EPE 301 EPE 301 or FAM 544 or Cultural Diversity Course

8. Minor Requirements (if applicable).

Current Proposed

REOUEST FOR CHANGE IN UNDERGRADUATE PROGRAM

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

Family Studies is dropping their child focus and the Department of Special Education and Rehabilitation Counseling will be teaching FAM 255 as an IEC 255 course, un-crosslisting and teaching IEC 256 and IEC 557. The appropriate paper work has been filed and agreed upon with Family Studies.

There was a typographical error in the course work in the Major Requirements with regard to cultural diversity courses. It should read EPE 301, or FAM 544, or a Cultural Diversity Course.

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

Current	Hours	Proposed YEAR I - Fall	Hours
YEAR 1 - Fall	(n.e. "3")	IEAR I - Fall	
ENG 104	4	N/A	N/A
BIO 102	3	N/A	N/A
PSY 100	4	N/A	N/A
HIS 104 or HIS 108	3	N/A	N/A
MA 109 or MA 110	3	N/A	N/A
Current Total, Year 1 Fall	17	Proposed Total, Year 1 Fall:	N/A
YEAR 1 - Spring		YEAR 1 - Spring	
Foreign Language	3	N/A	N/A
MA 123 of PHI 120	3	N/A	N/A
BIO 103	3	N/A	N/A
SOC 101	3	N/A	N/A
HIS 105 or HIS 109	3	N/A	N/A
Elective	3		
Current Total, Year 1 Spring:	18	Proposed Total, Year 1 Spring:	N/A
YEAR 2 - Fall		YEAR 2 – Fall	
Foreign Language	3	N/A	N/A
STA 200 of PHI 320	3	N/A	N/A
ENG 261	3	N/A	N/A
BIO 111	1	N/A	N/A
Cross Cultural Course	3	N/A	N/A
IEC 120	3	N/A	N/A
Current Total, Year 2 Fall:	16	Proposed Total, Year 2 Fall:	N/A
YEAR 2 - Spring		YEAR 2 - Spring	
COM 181	3	N/A	N/A
IEC 256	3	N/A	N/A
STA 200	3	N/A	N/A
IEC 255	3	N/A	N/A
ENG 262	3	N/A	N/A
Elective	3		
Current Total, Year 2 Spring:	18	Proposed Total, Year 2 Spring:	N/A

REQUESTIOR CHANGEIN UNDERGRADUATE PROGRAM

10. Semester Plans, continued.

Current	Hours	Proposed	Hours
YEAR 3 - Fall		YEAR 3 - Fall	
EDP 202	3	N/A	N/A
FAM 544 or EPE 301	3	N/A	N/A
EDS 375	3	N/A	N/A
IEC 512	3	N/A	N/A
IEC 552	3	N/A	N/A
Elective	3	N/A	N/A
Current Total, Year 3 Fall:	18	Proposed Total, Year 3 Fall:	N/A
YEAR 3 - Spring		YEAR 3 - Spring	
IEC 260	4	N/A	N/A
IEC 557	3	N/A	N/A
EDS 530	3	N/A	N/A
EDS 546	3 3 3	N/A	N/A
EDS 516	3	N/A	N/A
Elective	2	N/A	N/A
Current Total, Year 3 Spring:	18	Proposed Total, Year 3 Spring:	N/A
YEAR 4 – Fall		YEAR 4 - Fall	
IEC 507	3	N/A	N/A
IEC 508	3	N/A	N/A
IEC 509	3	N/A	N/A
IEC 510	3	N/A	N/A
EDC 317	i	N/A	N/A
EDS 522	3		
Current Total, Year 4 Fall:	16	Proposed Total, Year 4 Fall:	N/A
YEAR 4 - Spring		YEAR 4 - Spring	
IEC 411	12	N/A	N/A

Current Total, Year 4 Spring: 12 Proposed Total, Year 4 Spring: N/A

Current Total Hours: 128-133 Proposed Total Hours: N/A

REQUEST FOR CHANGE IN UNDERGRADUATE PROGRAM

3. Within the department, who should Name: Kim Townley		nation about the propose 9776 Email:	d program change? kim.townley@uky.edu	
Name: Kim towney	11101111			_
4. Signatures of Approval.				
april 2008	Debra Harley		Pacha H. Hely	
DATE of Approval by Department Faculty	printed name	Reported b	y Department Chair	signature
April 7. 2009	Rosetta Sa	andidae	Resette Dozale	<u>.</u>
DATE of Approval by College Faculty	printed name	Reported	by College Dean	0 signature
11/3/2009			/	•
*DATE of Approval by Undergraduate Council	printed name	Reported by Und	lergraduate Council Chair	signature
			/ Graduate Council Chair	
*DATE of Approval by Graduate Council	printed name	Reported by C	Graduate Council Chair	signature
			1	
*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	e of the Senate Council	

Rev 7/08

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