Nikou, Roshan

From: Sent:

Graduate.Council.Web.Site@www.uky.edu Wednesday, December 03, 2008 9:18 AM

To:

Nikou, Roshan Price, Cleo

Cc: Subject:

Investigator Report

AnyForm User: www.uky.edu

AnyForm Document: http://www.research.uky.edu/gs/GCInvestigatorReport.html AnyForm Server: www.uky.edu (/www/htdocs/AnyFormTurbo/AnyForm.php)

Client Address: 128.163.161.136

College/Department/Unit:

= CPH 786

Category:_ = New
Date_for_Council_Review:

= 12/4/08

Recommendation_is:_ = Approve

Investigator:

= T. Troland

E-mail Address = troland@pa.uky.edu

1 Modifications:

= None, routine investigation

2 Considerations:

= No considerations arose.

3__Contacts: = None

4__Additional_Information:

= No formal learning objectives are presented. However, the nature and purpose of this

colloquium course appear to be self evident.

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APPLICATION FOR NEW COURSE

OFFICE OF THE SENATE COUNCIL

1.	Submitted by the College of Public Health Date: March 26, 2008
	Department/Division proposing course: Biostatistics
2.	Proposed designation and Bulletin description of this course:
	a. Prefix and NumberCPH 786
	b. Title Doctorial Seminar *If title is longer than 24 characters, write a sensible title (24 characters or less) for use on transcripts:
	c. Courses must be described by at least one of the categories below. Include the number of actual contact hours per week for each category, as applicable. () CLINICAL () COLLOQUIUM () DISCUSSION () LABORATORY () LECTURE () INDEPEND. STUDY () PRACTICUM () RECITATION () RESEARCH () RESIDENCY
	() SEMINAR () STUDIO () OTHER – Please explain:
	d. Please choose a grading system: Letter (A, B, C, etc.) A Pass/Fail
	e. Number of credit hours: 1
	f. Is this course repeatable? YES NO If YES, maximum number of credit hours: 4 g. Course description: Students will attend colloquium sessions that will supplement the core curriculum with additional application.
	h. Prerequisite(s), if any: Enrollment in the PhD in Epidemiology and Biostatistics program
	i. Will this course be offered through Distance Learning? If YES, please circle one of the methods below that reflects how the majority of the course content will be delivered:
	Internet/Web- Interactive Extended campus Kentucky Educational Television Other
	Please describe "Other":
3.	Teaching method: N/A or □ Community-Based Experience □ Service Learning Component □ Both
4.	To be cross-listed as: Prefix and Number Signature of chair of cross-listing department
5.	Requested effective date (term/year): Fall / 2009

APPLICATION FOR NEW COURSE

6.	Course to be offered (please check all that apply): Fall Spring Summe	er								
7.	Will the course be offered every year?	\boxtimes	YES		NO					
	If NO, please explain:									
8.										
0,	Why is this course needed? This course will be a requirement in the proposed Ph.D. Epidemiology/Biostatistics program									
	A CONTRACTOR OF THE PROPERTY O									
9.	Any faculty member in the Biostatistics or By whom will the course be taught? Epidemiology Department									
	b. Are facilities for teaching the course now available?	\boxtimes	YES		NO					
	If NO, what plans have been made for providing them?									
10.	What yearly enrollment may be reasonably anticipated?									
	5-10 students per semester									
11.	a. Will this course serve students primarily within the department?	\boxtimes	Yes		No					
	b. Will it be of interest to a significant number of students outside the department? If YES, please explain.	×	YES		NO					
	The course will be a requirement for the proposed Ph.D. in Epidemiology/Biostatistics. Some of the students in that									
	program may consider Epidemiology their home department.									
12	Will the course corve on a University Studies Program course †?	П	YES	\boxtimes	NO					
12.	12. Will the course serve as a University Studies Program course [†] ? If YES, under what Area?									
†AS OF SPRING 2007, THERE IS A MORATORIUM ON APPROVAL OF NEW COURSES FOR USP.										
13.	Check the category most applicable to this course:									
	traditional – offered in corresponding departments at universities elsewhere									
	relatively new – now being widely established									
	not yet to be found in many (or any) other universities									
14.	Is this course applicable to the requirements for at least one degree or certificate at UK?	\boxtimes	Yes		No					
1.5	La this anyway want of a muonaged navy muogram?	×	YES	П	NO					
15.	Is this course part of a proposed new program? If VES places name: Ph.D. Enidemiology/Biostotictics		LLS		110					
	If YES, please name: Ph.D. Epidemiology/Biostatistics			_						
16.	Will adding this course change the degree requirements for ANY program on campus? If YES [‡] , list below the programs that will require this course:		YES	×	NO					
16.	Will adding this course change the degree requirements for ANY program on campus? If YES [‡] , list below the programs that will require this course:		YES	☒	NO					

APPLICATION FOR NEW COURSE

[‡]In order to change the program(s), a program change form(s) must also be submitted.

17.	X	The major teac	hing objectives of the pr	roposed co	ourse, sylla	bus and/o	or reference	list to be used are a	attached.	
18.		Check box if Check box if Course is 400G- or 500-level, you must include a syllabus showing differentiation for undergraduate and graduate students by (i) requiring additional assignments by the graduate students; and/or (ii) the establishment of different grading criteria in the course for graduate students. (See SR 3.1.4)								
19.	With	nin the departme	nt, who should be contac	cted for fu	rther infon	mation al	out the pro	posed new course?		
Name	: <u>F</u>	Richard Kryscio		Phone:	257-4064	<u> </u>	_ Email:	kryscio@email.uk	y.edu	
20.	Sign	atures to report $\mathcal{H} - I$	approvals:	T	といっと	nd K	Mscie	n Blu	ı Kus	Lean)
	DA	TE of Approval	by Department Faculty		nted name	<u> </u>		by Department Chai		signature
,		6-2	10-08	L	inda	Alex	xande	C/ Xu	BARD	exarles
	D	ATE of Approve	l by College Faculty	prì	nted name		Reported	i by College Dean		signature
				. _ ,	·		 -			
	*]		val by Undergraduate uncil	prii	nted name	Repo	rted by Un	dergraduate Counci	l Chair	signature
		Mos	18		show (MUK	Sal	Dur	Atz	
	* D.	ATE of Approve	l by Graduate Council	pri	nted name	Re	ported by	Graduate Council C	hair	signature
		8/19/08		Н	eidi A	vders	PN	المتلنك	Alefder	
	*		oval by Health Care ouncil (HCCC)	prii	nted name	Reported	l by Health	Care Colleges Cou	ncil Chair	signature
	* D.	ATB of Approve	l by Senate Council	•		Repo	orted by Of	fice of the Senate C	ouncil	
	* D	ATE of Approve	l by University Senate			Repo	orted by Of	fice of the Senate C	ouncil	

*If applicable, as provided by the University Senate Rules. (http://www.uky.edu/USC/New/RulesandRegulationsMain.htm)

CPH 786 Doctorial Seminar

This course will provide colloquium sessions that will supplement the core curriculum with additional application.