



College of Health Sciences
Office of the Dean
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March 27, 2014

To: Janice Kuperstein, Chair
Department of Rehabilitation Sciences

I concur with these changes JK

Karen Skaff, Chair
Department of Clinical Sciences

[Signature] I concur with changes 3/27/14

Phyllis Nash, Ed.D., Acting Associate Dean for Academic Affairs

Approval 3/28/14 [Signature]

From: Ann Olson, Ph.D., Director *ADO*
Division of Communication Sciences and Disorders

Re: Changes requested for Communication Sciences and Disorders

In 2011, the faculty of the Division of Communication Disorders proposed that (1) the name of the Division be changed to Communication Sciences and Disorders and (2) the Master's degree program be changed from Communication Disorders to Communication Sciences and Disorders. These changes were approved by the College's Academic Affairs Committee, the Graduate Council, and the University Senate.

The full intent of the faculty was to also change the name of the undergraduate program from Communication Disorders to Communication Sciences and Disorders. In fact, the faculty was under the impression that this change was made, especially since the University Bulletin reflects the change.

Recently we learned that the undergraduate degree change was never made. Thus, we formally request that the name of the undergraduate degree program be changed from Communication Disorders to Communication Sciences and Disorders. We wish the change to be made immediately.

Furthermore, in the 2001-02 academic year, the Division of Communication Disorders was moved administratively from the College's Department of Clinical Sciences to the Department of Rehabilitation Sciences. Yet, this change is not reflected for the program's graduate and undergraduate degree programs. We ask that the Division's programs, both graduate and undergraduate, be changed to reflect that both are housed administratively in the Department of Rehabilitation Sciences.

Please let me know if I can provide additional information.

CHANGE UNDERGRADUATE PROGRAM FORM

1. General Information

College:	<u>College of Health Sciences</u>	Department:	<u>Rehabilitation Sciences</u>
Current Major Name:	<u>Communication Disorders</u>	Proposed Major Name:	<u>Communication Sciences and Disorders</u>
Current Degree Title:	<u>BHS in Communication Disorders</u>	Proposed Degree Title:	<u>BHS in Communication Sciences and Disorders</u>
Formal Option(s):	_____	Proposed Formal Option(s):	_____
Specialty Field w/in Formal Option:	_____	Proposed Specialty Field w/in Formal Options:	_____
Date of Contact with Associate Provost for Academic Administration ¹ : _____			
Bulletin (yr & pgs):	_____	CIP Code ¹ :	_____
		Today's Date:	<u>03/27/2014</u>
Accrediting Agency (if applicable): _____			
Requested Effective Date:	<input type="checkbox"/> Semester following approval.	OR	<input checked="" type="checkbox"/> Specific Date ² : <u>ASAP</u>
Dept. Contact Person:	<u>Anne Olson, Ph.D.</u>	Phone:	<u>859-218-0572</u>
		Email:	<u>aolso2@uky.edu</u>

2. General Education Curriculum for this Program:

The new General Education curriculum is comprised of the equivalent of 30 credit hours of course work. There are, however, some courses that exceed 3 credits & this would result in more than 30 credits in some majors.

- There is no foreign language requirement for the new Gen Ed curriculum.
- There is no General Education Electives requirement.

Please list the courses/credit hours currently used to fulfill the University Studies/General Education curriculum:

Please identify below the suggested courses/credit hours to fulfill the General Education curriculum.

General Education Area	Course	Credit Hrs
I. Intellectual Inquiry (one course in each area)		
Arts and Creativity	_____	_____
Humanities	_____	_____
Social Sciences	_____	_____
Natural/Physical/Mathematical	_____	_____
II. Composition and Communication		
Composition and Communication I	CIS or WRD 110	3
Composition and Communication II	CIS or WRD 111	3
III. Quantitative Reasoning (one course in each area)		

¹ Prior to filling out this form, you MUST contact the Associate Provost for Academic Administration (APAA). If you do not know the CIP code, the (APAA) can provide you with that during the contact.

² Program changes are typically made effective for the semester following approval. No program will be made effective until all approvals are received.

CHANGE UNDERGRADUATE PROGRAM FORM

Quantitative Foundations ³		_____	_____	
Statistical Inferential Reasoning		_____	_____	
IV. Citizenship (one course in each area)				
Community, Culture and Citizenship in the USA		_____	_____	
Global Dynamics		_____	_____	
Total General Education Hours			_____	

3. Explain whether the proposed changes to the program (as described in sections 4 to 12) involve courses offered by another department/program. Routing Signature Log must include approval by faculty of additional department(s).

Name change of masters program was approved in May 2012 to Communication Sciences and Disorders and all course prefixes (graduate and undergraduate) were approved and changed from CD to CSD in October 2012. Please change the name of our undergraduate program from Communication Disorders to Communication Sciences and Disorders. We appreciate if you can expedite this request due to the misunderstanding.

4. Explain how satisfaction of the University Graduation Writing Requirement will be changed.

<i>Current</i>	<i>Proposed</i>
<input type="checkbox"/> Standard University course offering. List: _____	<input type="checkbox"/> <i>Standard University course offering.</i> <i>List: _____</i>
<input type="checkbox"/> Specific course – list: _____	<input type="checkbox"/> <i>Specific course) – list: _____</i>

5. List any changes to college-level requirements that must be satisfied.

<i>Current</i>	<i>Proposed</i>
<input type="checkbox"/> Standard college requirement. List: _____	<input type="checkbox"/> <i>Standard college requirement.</i> <i>List: _____</i>
<input type="checkbox"/> Specific required course – list: _____	<input type="checkbox"/> <i>Specific course – list: _____</i>

6. List pre-major or pre-professional course requirements that will change, including credit hours.

<i>Current</i>	<i>Proposed</i>
_____	_____

7. List the major’s course requirements that will change, including credit hours.

<i>Current</i>	<i>Proposed</i>
_____	_____

8. Does the pgm require a minor AND does the proposed change affect the required minor? N/A Yes No
If “Yes,” indicate current courses and proposed changes below.

<i>Current</i>	<i>Proposed</i>
_____	_____

9. Does the proposed change affect any option(s)? N/A Yes No

³ Note that MA 109 is NOT approved as a Quantitative Foundations course. Students in a major requiring calculus will use a calculus course (MA 113, 123, 137 or 138) while students not requiring calculus should take MA 111, PHI 120 or another approved course.

CHANGE UNDERGRADUATE PROGRAM FORM

If "Yes," indicate current courses and proposed changes below, including credit hours, and also specialties and subspecialties, if any.

Current _____	<i>Proposed</i> _____
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10. Does the change affect pgm requirements for number of credit hrs outside the major subject in a related field?

Yes No

If so, indicate current courses and proposed changes below.

Current _____	<i>Proposed</i> _____
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11. Does the change affect pgm requirements for technical or professional support electives?

Yes No

If so, indicate current courses and proposed changes below.

Current _____	<i>Proposed</i> _____
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12. Does the change affect a minimum number of free credit hours or support electives?

Yes No

If "Yes," indicate current courses and proposed changes below.

Current _____	<i>Proposed</i> _____
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13. Summary of changes in required credit hours:

	<i>Current</i>	<i>Proposed</i>
a. Credit Hours of Premajor or Preprofessional Courses:	_____	_____
b. Credit Hours of Major's Requirements:	_____	_____
c. Credit Hours for Required Minor:	_____	_____
d. Credit Hours Needed for a Specific Option:	_____	_____
e. Credit Hours Outside of Major Subject in Related Field:	_____	_____
f. Credit Hours in Technical or Professional Support Electives:	_____	_____
g. Minimum Credit Hours of Free/Supportive Electives:	_____	_____
h. Total Credit Hours Required by Level:		
100:	_____	_____
200:	_____	_____
300:	_____	_____
400-500:	_____	_____
i. Total Credit Hours Required for Graduation:	_____	_____

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

Our master's program is accredited but the undergraduate programs is not required to do so.

15. List below the typical semester by semester program for the major. If multiple options are available, attach a separate sheet for each option.

CHANGE UNDERGRADUATE PROGRAM FORM

YEAR 1 – FALL: (e.g. "BIO 103; 3 credits")	_____	YEAR 1 – SPRING:	_____
YEAR 2 - FALL :	_____	YEAR 2 – SPRING:	_____
YEAR 3 - FALL:	_____	YEAR 3 - SPRING:	_____
YEAR 4 - FALL:	_____	YEAR 4 - SPRING:	_____

Signature Routing Log

General Information:

Current Degree Title and Major Name: BIIS in Communication Disorders

Proposal Contact Person Name: Anne Olson



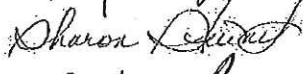

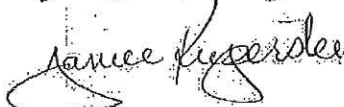
Phone: 859-218-0572

Email: aolso2@uky.edu

INSTRUCTIONS:

Identify the groups or individuals reviewing the proposal; note the date of approval; offer a contact person for each entry; and obtain signature of person authorized to report approval.

Internal College Approvals and Course Cross-listing Approvals:

Reviewing Group	Date Approved	Contact Person (name/phone/email)	Signature
Anne Olson, Division Director, Communication Sciences and Disorders	3/27/14	aolso2@uky.edu / /	 <small>Anne D. Olson 2014.03.27 15:19:10 04'00"</small>
Phyllis Nash, Associate Dean Academic Affairs	3/28/14	pnash@uky.edu / 218 10708	
Sharon Stewart, Interim Dean	3/28/14	srstew@1.218-105601 @uky.edu	
Travis Thomas, Chair Academic Affairs	3/28/14	dth225@uky.edu / 218-0863	
Janice Kuperstein, Department Chair Rehabilitation Sciences	3/28/14	jkuper@218-105931 @uky.edu	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ¹
Undergraduate Council	4/1/14	Joanie Ett-Mims	
Graduate Council	X	X	X
Health Care Colleges Council	-	-	-
Senate Council Approval		University Senate Approval	

Comments:

¹ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.