

## Nikou, Roshan

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**From:** Graduate.Council.Web.Site@www.uky.edu  
**Sent:** Tuesday, April 10, 2007 12:00 PM  
**To:** Nikou, Roshan  
**Cc:** Price, Cleo  
**Subject:** Investigator Report

AnyForm User: www.uky.edu  
AnyForm Document: <http://www.research.uky.edu/gc/GCInvestigatorReport.html>  
AnyForm Server: www.uky.edu (/www/htdocs/AnyFormTurbo/AnyForm.php)

College/Department/Unit: = DIP 600  
Category:\_ = New  
Date\_for\_Council\_Review: = 4/12/07  
Recommendation\_is:\_ = Approve  
Consent\_Agenda: = YES  
Investigator: = Frank Scott  
E-mail\_Address = fscott@uky.edu  
1\_\_Modifications: = None.  
2\_\_Considerations: = The proposed course is a catch-all topics course that is standard for graduate programs across the university.  
3\_\_Contacts: = None.  
4\_\_Additional\_Information: =

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AnyForm/PHP3 0.1

AnyFormRandomSeqNo: 51958039

# APPLICATION FOR NEW COURSE

1. Submitted by College of The Graduate School Date 1/30/2007

Department/Division offering course The Patterson School of Diplomacy and International Commerce

2. Proposed designation and Bulletin description of this course

a. Prefix and Number DIP 600 b. Title\* Special Topics

\*NOTE: If the title is longer than 24 characters (including spaces), write

A sensible title (not exceeding 24 characters) for use on transcripts \_\_\_\_\_

c. Lecture/Discussion hours per week 25 3 d. Laboratory hours per week \_\_\_\_\_

e. Studio hours per week \_\_\_\_\_ f. Credits 3

g. Course description

This course will vary in content depending on special needs or faculty availability.

h. Prerequisites (if any)

None.

i. May be repeated to a maximum of \_\_\_\_\_ (if applicable)

4. To be cross-listed as

\_\_\_\_\_ Prefix and Number \_\_\_\_\_ Signature, Chairman, cross-listing department

5. Effective Date Fall, 2007 (semester and year)

6. Course to be offered  Fall  Spring  Summer

7. Will the course be offered each year?  Yes  No  
(Explain if not annually)

8. Why is this course needed?

To accomodate special needs.

9. a. By whom will the course be taught? Usually by visiting or adjunct professors.

b. Are facilities for teaching the course now available?  Yes  No  
If not, what plans have been made for providing them?

## APPLICATION FOR NEW COURSE

10. What enrollment may be reasonably anticipated? 10
11. Will this course serve students in the Department primarily?  Yes  No  
Will it be of service to a significant number of students outside the Department?  
If so, explain.  Yes  No
- 
- Will the course serve as a University Studies Program course?  Yes  No  
If yes, under what Area? \_\_\_\_\_
12. Check the category most applicable to this course
- traditional; offered in corresponding departments elsewhere;
  - relatively new, now being widely established
  - not yet to be found in many (or any) other universities
13. Is this course applicable to the requirements for at least one degree or certificate at the University of Kentucky?  Yes  No
14. Is this course part of a proposed new program:  
If yes, which?  Yes  No
- 
15. Will adding this course change the degree requirements in one or more programs? \*  
If yes, explain the change(s) below  Yes  No
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16. Attach a list of the major teaching objectives of the proposed course and outline and/or reference list to be used.
17. If the course is a 100-200 level course, please submit evidence (e.g., correspondence) that the Community College System has been consulted.
18. If the course is 400G or 500 level, include syllabi or course statement showing differentiation for undergraduate and graduate students in assignments, grading criteria, and grading scales.
19. Within the Department, who should be contacted for further information about the proposed course?  
Name Dr. Evan Hillebrand Phone Extension 257-6928

\*NOTE: Approval of this course will constitute approval of the program change unless other program modifications are proposed.

APPLICATION FOR NEW COURSE

Signatures of Approval:

*[Signature]*  
Department Chair

*2/15/2007*  
Date

*[Signature]*  
Dean of the College

*2/21/07*  
Date

Date of Notice to the Faculty

\*Undergraduate Council

Date

\*University Studies

Date

\*Graduate Council

Date

\*Academic Council for the Medical Center

Date

\*Senate Council (Chair)

Date of Notice to University Senate

\*If applicable, as provided by the Rules of the University Senate

ACTION OTHER THAN APPROVAL

## **Grading Scale for Graduate Students**

100-90% = A  
89.9-80% = B  
79.9-70% = C  
< 69.9% = E