# REQUEST FOR COURSE CHANGE (MAJOR AND MINOR)

## Complete 1a – 1f & 2a – 2c. Fill out the remainder of the form as applicable for items being changed.

**1. General Information.**

a. Submitted by the College of: <u>Gatton College of Business & Economics</u>    Today's Date: <u>02/20/2010</u>

b. Department/Division: <u>Decision Science & Information Systems</u>

c. Is there a change in "ownership" of the course?    YES ☒    NO ☐

   If YES, what college/department will offer the course instead? <u>*Gatton College/Analytics*</u>

d. What type of change is being proposed? ☒ Major    ☐ Minor[1] (place cursor here for minor change definition)

e. Contact Person Name: <u>Dr. Ram Pakath</u>    Email: <u>pakath@uky.edu</u>    Phone: <u>257-4319</u>

f. Requested Effective Date: ☐ Semester Following Approval   OR   ☒ Specific Term[2]: <u>Fall 2010</u>

**2. Designation and Description of Proposed Course.**

a. Current Prefix and Number: <u>DIS 390</u>    *Proposed Prefix & Number:* <u>*AN 390*</u>

b. Full Title: <u>Special Topics in Analytics</u>    *Proposed Title:* <u>*N/A*</u>

c. Current Transcript Title (if full title is more than 40 characters): <u>Special Topics in Analytics</u>

c. *Proposed Transcript Title (if full title is more than 40 characters):* <u>*N/A*</u>

d. Current Cross-listing: ☐ N/A    OR    Currently[3] Cross-listed with (Prefix & Number): <u>____</u>

   *Proposed –* ☐ *ADD[3] Cross-listing (Prefix & Number):* ____

   *Proposed –* ☐ *REMOVE[3,4] Cross-listing (Prefix & Number):* ____

e. Courses must be described by **at least one** of the meeting patterns below. Include number of actual contact hours[5] for each meeting pattern type.

| Current: | ____ Lecture | ____ Laboratory[5] | ____ Recitation | ____ Discussion | ____ Indep. Study |
|---|---|---|---|---|---|
| | ____ Clinical | ____ Colloquium | ____ Practicum | ____ Research | ____ Residency |
| | ____ Seminar | ____ Studio | ____ Other – Please explain: ____ | | |

| *Proposed:* | ____ *Lecture* | ____ *Laboratory* | ____ *Recitation* | ____ *Discussion* | ____ *Indep. Study* |
|---|---|---|---|---|---|
| | ____ *Clinical* | ____ *Colloquium* | ____ *Practicum* | ____ *Research* | ____ *Residency* |
| | ____ *Seminar* | ____ *Studio* | ____ *Other – Please explain:* ____ | | |

f. Current Grading System:    ☐ Letter (A, B, C, etc.)    ☐ Pass/Fail

   *Proposed Grading System:*    ☐ *Letter (A, B, C, etc.)*    ☐ *Pass/Fail*

g. Current number of credit hours: ____    *Proposed number of credit hours:* ____

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[1] See comment description regarding minor course change. *Minor changes are sent directly from dean's office to Senate Council Chair.* If Chair deems the change as "not minor," the form will be sent to appropriate academic Council for normal processing and contact person is informed.

[2] Courses are typically made effective for the semester following approval. No course will be made effective until all approvals are received.

[3] Signature of the chair of the cross-listing department is required on the Signature Routing Log.

[4] Removing a cross-listing does not drop the other course – it merely unlinks the two courses.

[5] Generally, undergrad courses are developed such that one semester hr of credit represents 1 hr of classroom meeting per wk for a semester, exclusive of any lab meeting. Lab meeting generally represents at least two hrs per wk for a semester for 1 credit hour. (See *SR 5.2.1.*)

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**h.** Currently, is this course repeatable for additional credit?  YES ☐  NO ☐

*Proposed to be repeatable for additional credit?*  YES ☐  NO ☐

*If YES:*  *Maximum number of credit hours:* _____

*If YES:*  *Will this course allow multiple registrations during the same semester?*  YES ☐  NO ☐

**i.** Current Course Description for Bulletin: _____

*Proposed Course Description for Bulletin:* _____

**j.** Current Prerequisites, if any: _____

*Proposed Prerequisites, if any:* _____

**k.** Current Distance Learning(DL) Status: ☐ N/A  ☐ Already approved for DL*  ☐ *Please Add[6]*  ☐ *Please Drop*

*If already approved for DL, the Distance Learning Form must also be submitted <u>unless</u> the department affirms (by checking this box ☐) that the proposed changes do not affect DL delivery.

**l.** Current Supplementary Teaching Component, if any:  ☐ Community-Based Experience  ☐ Service Learning  ☐ Both

*Proposed Supplementary Teaching Component:*  ☐ *Community-Based Experience*  ☐ *Service Learning*  ☐ *Both*

**3.** Currently, is this course taught off campus?  YES ☐  NO ☐

*Proposed to be taught off campus?*  YES ☐  NO ☐

**4.** Are significant changes in content/teaching objectives of the course being proposed?  YES ☐  NO ☐

If YES, explain and offer brief rationale:

**5.** Course Relationship to Program(s).

**a.** Are there other depts and/or pgms that could be affected by the proposed change?  YES ☐  NO ☐

If YES, identify the depts. and/or pgms: _____

**b.** Will modifying this course result in a new requirement[7] for ANY program?  YES ☐  NO ☐

If YES[7], list the program(s) here: _____

**6.** Information to be Placed on Syllabus.

**a.** ☐ | Check box if <u>changed to</u> 400G or 500. | If <u>changed to</u> 400G- or 500-level course you must send in a syllabus and *you must include the differentiation* between undergraduate and graduate students by: (i) requiring additional assignments by the graduate students; and/or (ii) establishing different grading criteria in the course for graduate students. (See *SR 3.1.4.*)

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[6] You must *also* submit the Distance Learning Form in order for the course to be considered for DL delivery.
[7] In order to change a program, a program change form must also be submitted.

# REQUEST FOR COURSE CHANGE (MAJOR AND MINOR)

## Signature Routing Log

**General Information:**

Course Prefix and Number: <u>AN 390 (formerly, DIS 390)</u>

Proposal Contact Person Name: <u>Dr. Ram Pakath</u>    Phone: <u>7-4319</u>    Email: <u>pakath@uky.edu</u>

### 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 |
|---|---|---|---|
| School of Mgmt | 2/2010 | Scott Kelley / 7 3425 / SKELLEY @uky.edu | Scott W Kelley |
| Undergrad. Studies | 4/23/10 | Nancy Johnson / 7 2976 / nbj @uky.edu | Nan Jn |
| Gatton Faculty | 4/30/10 | Merl Hackbart / 7 3592 / m.hackbart @uky.edu | |
| | | / / | |
| | | / / | |

**External-to-College Approvals:**

| Council | Date Approved | Signature | Approval of Revision[8] |
|---|---|---|---|
| Undergraduate Council | 10/26/2010 | | |
| Graduate Council | | | |
| Health Care Colleges Council | | | |
| Senate Council Approval | | University Senate Approval | |

Comments:

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

| | |
|---|---|
| Instructor: | Semester: |
| Office: | Office Hours: |
| Phone: | E-mail: |
| Class Room: | Class Time: |

- We are unable to provide a complete syllabus for the following reasons:-

  1. Course content and requirements will vary based on topic offered (and instructor teaching the course), as mentioned in Table 1 of the accompanying "DSIS UG Major Change Summary Report," document.

  2. There are no plans to offer this course in the foreseeable future given the Proposed Program of Study depicted in Table 2 of the accompanying "DSIS UG Major Change Summary Report," document.

- If and when the course is offered, the syllabus will meet the New Syllabus Guidelines.

- The default grading scheme for this course is:- A – 90-100; B – 80-89.xx; C – 70-79.xx; D – 60-69.xx; E- 0-59.xx