

## CHANGE DOCTORAL DEGREE PROGRAM FORM

### GENERAL INFORMATION

College:	<u>Education</u>	Department:	<u>Educational, School, and Counseling Psychology</u>
Current Major Name:	<u>Education and Counseling Psychology - Educational Psychology</u>	Proposed Major Name:	<u>Educational, School, and Counseling Psychology - School Psychology</u>
Current Degree Title:	<u>PhD</u>	Proposed Degree Title:	<u>PhD</u>
Current Formal Option(s):	_____	Proposed Formal Option(s):	_____
Current Specialty Fields w/in Formal Option:	_____	Proposed Specialty Fields w/in Formal Option:	_____
Date of Contact with Associate Provost for Academic Administration <sup>1</sup> :		<u>Not applicable per Brian Jackson</u>	
Bulletin (yr & pgs):	<u>2014-2015 p.104</u>	CIP Code <sup>1</sup> :	<u>42.2805</u>
		Today's Date:	_____
Accrediting agency (if applicable): _____			
Requested Effective Date:		<input type="checkbox"/> Semester following approval.	OR <input type="checkbox"/> Specific Date <sup>2</sup> : _____
Dept Contact Person:		Phone:	Email:
_____		_____	_____

### CHANGE(S) IN PROGRAM REQUIREMENTS

	<u>Current</u>	<u>Proposed</u>
1. Number of transfer credits allowed: <i>(Maximum is Graduate School limit of total of 9 hours (or 25% of the credit hours needed to fulfill the pre-qualifying residency requirement.)</i>	_____	_____
2. Residence requirement: <i>(Minimum of one year before and after Qualifying Exams.)</i>	_____	_____
3. Language(s) and/or skill(s) required:	_____	_____
4. Provisions for monitoring progress and termination criteria:	_____	_____
5. Total credit hours required:	_____	_____
6. Required courses:	_____	_____
7. Required distribution of courses within program:	_____	_____
8. Minor area or courses outside program required:	_____	_____
9. Distribution of courses levels required (400G-500/600-700):	_____	_____

<sup>1</sup> 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.

<sup>2</sup> Programs are typically made effective for the semester following approval. No program will be made effective until all approvals are received.

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10. Qualifying examination requirements:	_____	_____
11. Explain whether the proposed changes to the program (as described in numbers 1 through 10) involve courses offered by another department/program. <u>Routing Signature Log must include approval by faculty of additional department(s).</u>		
_____		
12. Other requirements not covered above:		
_____		
13. What is the rationale for the proposed changes? If the rationale involves accreditation requirements, please include specific references to those requirements.		
<u>The proposed major name change will accurately reflect the training and the name of the program. The major name that appears on a graduate's transcript for School Psychology was criticized for not having "School Psychology" in the by the National Association of School Psychologists (NASP). We agree and simply want to change the major name to "Educational, School, and Counseling Psychology - School Psychology." This will permit the transcript to accurately reflect the content area for the School Psychology PhD program within the department. It is important to note that we are not eliminating the Educational Psychology doctoral program. It has a different CIP Major Code; we are merely trying to separate the Educational Psychology and School Psychology major names from one another.</u>		
<u>This name change will not involve any changes in degree requirements.</u>		

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## Signature Routing Log

### General Information:

Proposal Name: PhD School Psychology Major and Degree Title Change

Proposal Contact Person Name: Jeff Reese Phone: 7-4909 Email: jeff.reese@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
EDP	2-12-15	Jeff Reese / 257-4909 / jeff.reese@uky.edu	
Course & Curricula	3/24/15	Doug Smith / 7-1824 / dcsmit1@uky.edu	
College of Education	4/21/15	Rob Shapiro / 7-9795 / rshap01@uky.edu	
		/ /	
		/ /	

### External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision <sup>3</sup>
Undergraduate Council			
Graduate Council		<i>Roshan Nikou</i>	
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

<sup>3</sup> Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.