

## CHANGE MASTERS DEGREE PROGRAM FORM

### 1. GENERAL INFORMATION

College:	Education	Department:	Educational, School, and Counseling Psychology		
Current Major Name:	Education-Educational Psychology	<i>Proposed Major Name:</i>	<i>Education- School Psychology</i>		
Current Degree Title:	Specialist in Education	<i>Proposed Degree Title:</i>	<i>Specialist in Education</i>		
Formal Option(s):		<i>Proposed Formal Option(s):</i>			
Specialty Fields w/in Formal Option:		<i>Proposed Specialty Fields w/in Formal Options:</i>			
Date of Contact with Associate Provost for Academic Administration <sup>1</sup> :	Not applicable per Brian Jackson				
Bulletin (yr & pgs):	2014-2015 p. 103	CIP Code <sup>1</sup> :	42.2805	Today's Date:	2-03-2015
Accrediting Agency (if applicable):					
Requested Effective Date:	<input type="checkbox"/> Semester following approval.	OR	<input checked="" type="checkbox"/> Specific Date <sup>2</sup> :	Spring 2015 Graduation	
Dept. Contact Person:	Jeff Reese	Phone:	257-4909	Email:	jeff.reese@uky.edu

### 2. CHANGE(S) IN PROGRAM REQUIREMENTS

		<u>Current</u>	<u>Proposed</u>
1.	Number of transfer credits allowed (Maximum is Graduate School limit of 9 hours or 25% of course work)		
2.	Residence requirement (if applicable)		
3.	Language(s) and/or skill(s) required		
4.	Termination criteria		
5.	Plan A Degree Plan requirements <sup>3</sup> (thesis)		
6.	Plan B Degree Plan requirements <sup>3</sup> (non-thesis)		
7.	Distribution of course levels required (At least one-half must be at 600+ level & two-thirds must be in organized courses.)		
8.	Required courses (if applicable)		
9.	Required distribution of courses within program (if applicable)		
10.	Final examination requirements		

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

<sup>3</sup> If there is only one plan for the degree, plans involving a thesis (or the equivalent in studio work, etc.) should be discussed under Plan A and those not involving a thesis should be discussed under Plan B.

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11.	Explain whether the proposed changes to the program (as described in sections 1 to 10) involve courses offered by another department/program. <u>Routing Signature Log must include approval by faculty of additional department(s).</u>
12.	List any other requirements not covered above?
13.	Please explain the rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.
	<p>The Educational Specialist (EdS) program in School Psychology is approved by the National Association of School Psychologists (NASP). Recently, NASP critiqued the omission of "School Psychology" on the transcripts of students who graduate from this program and noted that it "might lead to difficulties of graduates acquiring jobs in the profession of school psychology ." We agree and simply want to change the major name to "Education- School Psychology." This will permit the transcript to accurately reflect the specialization area/program within the department. It is important to note that we are not eliminating the Educational Specialist degree in Educational Psychology. It has a different CIP and Major Code; we are merely trying to separate the Educational Psychology and School Psychology major areas from one another.</p> <p>This name change will not involve any changes in degree requirements.</p>

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## Signature Routing Log

### General Information:

Proposal Name: EdS 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	
Courses & 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>4</sup>
Undergraduate Council			
Graduate Council		<i>Roshan Nikou</i>	
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

<sup>4</sup> Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.