

## REQUEST FOR CHANGE IN MASTERS DEGREE PROGRAM

### 1. GENERAL INFORMATION

College:	College of Education	Department:	Educational, School, & Counseling Psychology	
Current Major Name:	Master's of Science in Counseling Psychology	Proposed Major Name:	N/A	
Current Degree Title:	M.S. of Education	Proposed Degree Title:	N/A	
Formal Option(s):	N/A	Proposed Formal Option(s):	N/A	
Specialty Fields w/in Formal Option:	N/A	Proposed Specialty Fields w/in Formal Options:	N/A	
Date of Contact with Associate Provost for Academic Administration <sup>1</sup> :	11/23/2010			
Bulletin (yr & pgs):	2010, pages 171-175	CIP Code <sup>1</sup> :	13.1101	Today's Date: 11/23/2010
Accrediting Agency (if applicable):	N/A			
Requested Effective Date:	<input type="checkbox"/> Semester following approval.	OR	<input checked="" type="checkbox"/> Specific Date <sup>2</sup> :	Summer 2011
Dept. Contact Person:	Keisha Love	Phone:	7-8273	Email: Keisha.Love@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)	9	
2.	Residence requirement (if applicable)	N/A	
3.	Language(s) and/or skill(s) required	English	
4.	Termination criteria	Consistent with Graduate School Requirements	
5.	Plan A Degree Plan requirements <sup>3</sup> (thesis)	30 credits	
6.	Plan B Degree Plan requirements <sup>3</sup> (non-thesis)	36 credits	
7.	Distribution of course levels required (At least one-half must be at 600+ level & two-thirds must be in organized courses.)	500 level and above	
8.	Required courses (if applicable)	EDP 557 EDP 600/603/604 EDP 605 EDP 630 EDP 649 EDP 652	<i>EDP 557</i> <i>EDP 600/603/604</i> <i>EDP 605</i> <i>EDP 630</i> <i>EDP 649</i> <i>EDP 652</i>

<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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		<p style="text-align: center;">EDP 661 EDP 664 (6 credits) EDP 666 2 electives (6 credits)</p>	<p style="text-align: center;"><i>EDP 661 EDP 664 (6 credits) EDP 666 EDP 688 (proposed new course) 1 elective (3 credits)</i></p>
9.	Required distribution of courses within program (if applicable)	N/A	
10.	Final examination requirements	3-hour written exam/paper	
11.	<p>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></p>		
	No		
12.	List any other requirements not covered above?		
	N/A		
13.	Please explain the rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.		
	<p>In the U.S., students who wish to engage in the professional practice of psychology must be licensed by a state psychology board. To obtain a psychology license, nearly all states require the completion of an ethics course. To date, the Counseling Psychology has not required students to complete such a course. The addition of this course to the program curriculum will help students meet the ethics course requirement for licensure in Kentucky and most other states.</p>		

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## Signature Routing Log

**General Information:**

Proposal Name: Request for change in Counseling Psychology Masters Degree Program

Proposal Contact Person Name: Keisha Love Phone: 7-8273 Email: Keisha.Love@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 Chair	12/6/10	Fred Danner 17-7878 fdannerev@uky.edu	Fred Danner
C & C		/ /	Douglas Smith
College Ed.	2/8/11	Robert Shapiro 77-9777 rshap01@uky.edu	Robert Shapiro
		/ /	
		/ /	

**External-to-College Approvals:**

Council	Date Approved	Signature	Approval of Revision <sup>4</sup>
Undergraduate Council			
Graduate Council			
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.