

NEW COURSE FORM

1. General Information.				
a.	Submitted by the College of: James W. Stuckert Career Center	Today's Date:	March 13, 2012	
b.	Department/Division: Undergraduate Education			
c.	Contact person name: Francene Gilmer	Email: francene.gilmer@uky.edu	Phone:	257-2746
d.	Requested Effective Date:	<input type="checkbox"/> Semester following approval	OR	<input checked="" type="checkbox"/> Specific Term/Year ¹ : Summer 8 wk
2. Designation and Description of Proposed Course.				
a.	Prefix and Number: EXP 650			
b.	Full Title: Graduate Level Experiential Education			
c.	Transcript Title (if full title is more than 40 characters): Graduate Level Experiential Education			
d.	To be Cross-Listed ² with (Prefix and Number): _____			
e.	Courses must be described by <u>at least one</u> of the meeting patterns below. Include number of actual contact hours ³ for each meeting pattern type.			
	_____ Lecture	_____ Laboratory ¹	_____ Recitation	_____ Discussion
	_____ Clinical	_____ Colloquium	_____ Practicum	_____ Research
	_____ Seminar	_____ Studio	_____ Other – Please explain:	Internship
f.	Identify a grading system: <input checked="" type="checkbox"/> Letter (A, B, C, etc.) <input type="checkbox"/> Pass/Fail			
g.	Number of credits: 1-9			
h.	Is this course repeatable for additional credit?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	If YES:	Maximum number of credit hours:	Varies with College	
	If YES:	Will this course allow multiple registrations during the same semester?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
i.	Course Description for Bulletin:	A community-based or field-based learning experience under the supervision of a faculty member. Letter grade. Prereq: Completion of Experiential Education Learning Contract and submission of contract to Stuckert Career Center prior to course registration.		
j.	Prerequisites, if any:	Completion of Experiential Education Learning Contract and submission of contract to Stuckert Career Center prior to course registration.		
k.	Will this course also be offered through Distance Learning?			YES ⁴ <input type="checkbox"/> NO <input checked="" type="checkbox"/>
l.	Supplementary teaching component, if any: <input checked="" type="checkbox"/> Community-Based Experience <input type="checkbox"/> Service Learning <input type="checkbox"/> Both			
3.	Will this course be taught off campus?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

¹ Courses are typically made effective for the semester following approval. No course will be made effective until all approvals are received.

² The chair of the cross-listing department must sign off on the Signature Routing Log.

³ In general, undergraduate courses are developed on the principle that one semester hour of credit represents one hour of classroom meeting per week for a semester, exclusive of any laboratory meeting. Laboratory meeting, generally, represents at least two hours per week for a semester for one credit hour. (from SR 5.2.1)

⁴ You must *also* submit the Distance Learning Form in order for the proposed course to be considered for DL delivery.

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4.	Frequency of Course Offering.			
a.	Course will be offered (check all that apply):	<input checked="" type="checkbox"/> Fall	<input checked="" type="checkbox"/> Spring	<input checked="" type="checkbox"/> Summer
b.	Will the course be offered every year?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
	If NO, explain:	As enrollment in this course increases, more staff/staff time will be needed.		
5.	Are facilities and personnel necessary for the proposed new course available?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	If NO, explain:	_____		
6.	What enrollment (per section per semester) may reasonably be expected?	unknown		
7.	Anticipated Student Demand.			
a.	Will this course serve students primarily within the degree program?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
b.	Will it be of interest to a significant number of students outside the degree pgm?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
	If YES, explain:	Course will be offered to all graduate students		
8.	Check the category most applicable to this course:			
	<input checked="" type="checkbox"/>	Traditional – Offered in Corresponding Departments at Universities Elsewhere		
	<input type="checkbox"/>	Relatively New – Now Being Widely Established		
	<input type="checkbox"/>	Not Yet Found in Many (or Any) Other Universities		
9.	Course Relationship to Program(s).			
a.	Is this course part of a proposed new program?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
	If YES, name the proposed new program:	_____		
b.	Will this course be a new requirement ⁵ for ANY program?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
	If YES ⁵ , list affected programs:	_____		
10.	Information to be Placed on Syllabus.			
a.	Is the course 400G or 500?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
	If YES, the <i>differentiation for undergraduate and graduate students must be included</i> in the information required in 10.b . You must include: (i) identification of additional assignments by the graduate students; and/or (ii) establishment of different grading criteria in the course for graduate students. (See <i>SR 3.1.4.</i>)			
b.	<input type="checkbox"/>	The syllabus, including course description, student learning outcomes, and grading policies (and 400G-/500-level grading differentiation if applicable, from 10.a above) are attached.		

⁵ In order to change a program, a program change form must also be submitted.

University of Kentucky Internship Program

LEARNING CONTRACT – EXP 650/651

James W. Stuckert Career Center University of Kentucky
408 Rose Street, Lexington, KY 40506-0494 Phone (859) 257-2746 Fax (859) 323-1085
<http://www.uky.edu/CareerCenter>

LEARNING CONTRACT MUST BE TYPED

Student Information

Student Name:

E-mail:

Phone:

Address:

City/ST/Zip

Major:

College:

Class Level:

Student ID Number (*not SSN*):

Course Information

Semester/Year:

Course*: ___ EXP 650

___ EXP 651

Credit Hours:

Internship Partner Information

Organization/Company Name:

Supervisor's Name:

E-mail:

Phone:

Address

City/ST/Zip:

Hours

Starting Date:

Ending Date:

Total Number of Weeks:

Average Hours Per Week:

Total Hours Worked:

* EXP 650 (Letter Grade) or EXP 651 (Satisfactory/Unsatisfactory)

Describe the duties of your internship:

INTERNSHIP PROGRAM TIME SHEET

Spring 2012



JAMES W. STUCKERT
CAREER CENTER
 University of Kentucky

Student's Name _____ Phone # _____ E-Mail _____

Internship Site _____ Start Date ____/____/____ End Date ____/____/____

Academic Credit Hours Received (as indicated on your Learning Contract) _____

Supervisor's Name _____ Phone # _____ E-Mail _____

- The copy of the time sheet that you will submit to both the Career Center and your faculty sponsor must be signed by your employer and must be submitted to both parties by **Monday, April 30, 2012**.
- Provide the number of hours worked daily, not shifts.

WEEK	DATES	MON	TUES	WED	THU	FRI	SAT/SUN (Combine)	TOTAL HOURS
1	1/8/12 - 1/14/12							
2	1/15/12 - 1/21/12							
3	1/22/12 - 1/28/12							
4	1/29/12 - 2/4/12							
5	2/5/12 - 2/11/12							
6	2/12/12 - 2/18/12							
7	2/19/12 - 2/25/12							
8	2/26/12 - 3/3/12							
9	3/4/12 - 3/10/12							
10	3/11/12 - 3/17/12 SPRING BREAK							
11	3/18/12 - 3/24/12							
12	3/25/12 - 3/31/12							
13	4/1/12 - 4/7/12							
14	4/8/12 - 4/14/12							
15	4/15/12 - 4/21/12							
16	4/22/12 - 4/28/12							
Finals Week	4/29/12 - 5/5/12							
								Semester Total

Student Signature _____ Date _____

Supervisor Signature _____ Date _____

Intern Evaluation Form

Term: Spring 2012					
Course:					
Intern:					
Supervisor:					
Organization:	Outstanding	Very Good	Acceptable	Unacceptable	N/A
Work Performance & Personal Qualities	4	3	2	1	0
Attention to detail					
Attitude					
Communication (verbal and written)					
Dependability					
Desire to learn					
Initiative					
Knowledge and use of equipment and supplies					
Professionalism					
Punctuality and time management					
Quality of work					
Quantity of work					
Reaction to supervision					
Relationship with clients and customers					
Relationship with co-workers					
Overall Performance					
Overall performance:					
Areas of strength:					
Areas that need improvement:					
Would you consider hiring this student if a full-time opportunity arises?					
Would you consider nominating this student for the 2012 Intern of the Year award, given in February, 2013?					
Additional Comments:					