

CHANGE DOCTORAL DEGREE PROGRAM FORM

GENERAL INFORMATION

College: <u>Education</u>	Department: <u>Educational Policy Studies & Evaluation</u>
Current Major Name: <u>Educational Policy Studies and Evaluation</u>	Proposed Major Name: <u>Educational Policy Studies, Measurement, and Evaluation</u>
Current Degree Title: <u>Ed.D.</u>	Proposed Degree Title: <u>Ed.D.</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 ¹ : <u>11/03/11</u>	

Bulletin (yr & pgs): <u>2011, Page 180 Graduate Bulletin</u>	CIP Code ¹ : <u>130601</u>	Today's Date: <u>11/03/11</u>
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Accrediting agency (if applicable): _____

Requested Effective Date: Semester following approval. OR Specific Date²: _____

Dept Contact Person: Kelly D. Bradley Phone: 8597977874 Email: kdbrad2@uky.edu

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):	_____	_____

¹ 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.

² 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. Routing Signature Log must include approval by faculty of additional department(s).

No changes to the program are proposed in addition to updating the name of the program

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.

The program name needs to be reflective of the program, thus it is necessary to include measurement in the title.

SIGNATURE ROUTING LOG

General Information:

Proposal Type: Course Program Other
 Proposal Name¹ (course prefix & number, pgm major & degree, etc.): EPE Ed. D.
 Proposal Contact Person Name: Kelly Bradley Phone: 859-797-7874 Email: kdbrad2@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
EPE	11/3/2011	Alan DeYoung / 7-3846 / ajdey@uky.edu	
		/ /	
C&C	10/18/11	Doug Smith / 7-1824 / dcsmit1@uky.edu	
College of Ed Faculty	11/15/11	Robert Shapiro / 7-9795 / rshap01@uky.edu	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ²
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

¹ Proposal name used here must match name entered on corresponding course or program form.

² Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.