CHANGE MASTERS DEGREE PROGRAM FORM

1. GENERAL INFORMATION

College:	Arts and Sciences		Departn	nent:	Earth and Environmental Sciences			
Current Major Name: Geology				Proposed Major Name:			Geological Sciences	
Current Degree Title:		Master of Science		Proposed Degree Title:		Master of Science		
Formal Option(s):				Propose	Proposed Formal Option(s):			
Specialty Fields w/in				Proposed Specialty Fields				
Formal Option:				w/in For	w/in Formal Options:			
Date of Conta	ct with A	ssociate Provost fo	r Academic A	dministrati	on¹:	9/27/2012	2	
Bulletin (yr &	pgs):	2012, 161	CIP Code ¹ :	40.0601		Toda	ay's Date:	11/12/2012
Accrediting Ag	gency (if a	applicable):						
		·						
Requested Eff	ective Da	ate: 🛛 Semeste	er following ap	oproval.	OR	Spe	cific Date ² :	
Dept. Contact Person: Dr. Kevin M. Yeager F				Phone:	257-5	431	Email:	kevin.yeager@uky.edu

2. CHANGE(S) IN PROGRAM REQUIREMENTS

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

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

³ 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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	department(s).
	Not applicable.
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.
	The program name change is requested as it is more representative of those skills graduates will possess.

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Signature Routing Log

General Information:

Proposal Name: M.S. degree name change, "Geology" to "Geological Sciences"

Proposal Contact Person Name: Dr. Kevin M. Yeager Phone: 257- 5431 Email: kevin.yeager@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	
EES Curriculum Cmte	11/9/12	Kevin M. Yeager / 7-5431 / kevin.yeager@uky.edu		
EES Chair	11/9/12	David Moecher / 7-6939 / moker@uky.edu		
		/ /		
		/ /		
A&S EPC and Office of the Dean	11/27/12	Anna Bosch / 7-6689 / bosch@uky.edu		

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision⁴
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:	

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