

CHANGE DOCTORAL DEGREE PROGRAM FORM

GENERAL INFORMATION

| | | | |
|---|--|---|---|
| College: | <u>Arts and Sciences</u> | Department: | <u>Earth and Environmental Sciences</u> |
| Current Major Name: | <u>Geology</u> | Proposed Major Name: | <u>Geological Sciences</u> |
| Current Degree Title: | <u>Doctor of Philosophy (Ph.D.)</u> | Proposed Degree Title: | <u>Doctor of Philosophy (Ph.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>9/27/2012</u> | |
| Bulletin (yr & pgs): | <u>2012, 161</u> | CIP Code ¹ : | <u>40.0601</u> |
| | | Today's Date: | <u>11/12/2012</u> |
| Accrediting agency (if applicable): | _____ | | |
| Requested Effective Date: | <input checked="" type="checkbox"/> Semester following approval. | OR | <input type="checkbox"/> Specific Date ² : _____ |
| Dept Contact Person: | <u>Dr. Kevin M. Yeager</u> | Phone: | <u>257-5431</u> |
| | | Email: | <u>kevin.yeager@uky.edu</u> |

CHANGE(S) IN PROGRAM REQUIREMENTS

| | <u>Current</u> | <u>Proposed</u> |
|---|----------------|-----------------|
| 1. Number of transfer credits allowed: | _____ | <u>N/A</u> |
| <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: | _____ | <u>N/A</u> |
| <i>(Minimum of one year before and after Qualifying Exams.)</i> | | |
| 3. Language(s) and/or skill(s) required: | _____ | <u>N/A</u> |
| 4. Provisions for monitoring progress and termination criteria: | _____ | <u>N/A</u> |
| 5. Total credit hours required: | _____ | <u>N/A</u> |
| 6. Required courses: | _____ | <u>N/A</u> |
| 7. Required distribution of courses within program: | _____ | <u>N/A</u> |
| 8. Minor area or courses outside program required: | _____ | <u>N/A</u> |
| 9. Distribution of courses levels required (400G-500/600-700): | _____ | <u>N/A</u> |
| 10. Qualifying examination requirements: | _____ | <u>N/A</u> |

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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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).

Not applicable.

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 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: Ph.D. 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 Revision ³ |
|------------------------------|---------------|----------------------------|-----------------------------------|
| Undergraduate Council | | | |
| Graduate Council | | | |
| Health Care Colleges Council | | | |
| Senate Council Approval | | University Senate Approval | |

Comments:

³ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.