UNIVERSITY OF KENTUCKY APPLICATION FOR CHANGE IN EXISTING COURSE: MAJOR & MINOR

1.	Submitted by College of Public Health			Date	
	Depa	artment/Division offering course	Gerontology		
2.	Chai	nges proposed: Present prefix & number GRN	781 Proposed	l prefix & number	GRN 781
	(b)	Present Title Applied Research	Practicum II		
		New Title Student Developm	nent Practicum		
	(c) If course title is changed and exceeds 24 characters (Including spaces), include a sensible title (not to exceed 24 characters) for use on transcripts:				
	(d)	Present credits:	1	Proposed credits:	1
	(e)	Current lecture: laboratory ratio	1:0	Proposed:	1:0
	(f) Effective Date of Change: (Semester & Year) Fall, 2007				
3.	To be Cross-listed as: Prefix and Number Signature: Department Chair				
	 (a) Present description (including prerequisite(s): The course provides an opportunity for students to serve as an intern in a clinic, service agency or organization which provides services to older persons. Students will identify a research problem within the organization and complete a research project. The course will be taken in conjunction with GRN 791. Preq: GRN 780. (b) New description: This practicum provides an opportunity for students to present and discuss their research findings in a venue that promotes skill development in the areas of preparation and delivery of research presentations. Students are required enroll in GRN 781 during each of the first 5 semesters in residence. (c) Prerequisite(s) for course as changed: Admission to Gerontology Ph.D. program 				rganization and complete a findings in a venue that
5.	What has prompted this proposal? The need to provide practical supervised experience in composing and delivering research presentations. The former rendition did not allow such an opportunity.				
6.	If there are to be significant changes in the content or teaching objectives of this course, indicate changes: Refocus on development of communication skills				
7.	What other departments could be affected by the proposed change? None				
8.		Is this course applicable to the requirements for at least one degree or certificate at the University of Kentucky? Yes No			
9.	Will changing this course change the degree requirements in one or more programs?* If yes, please attach an explanation of the change.*			☐ Yes ⊠ No	
10.		Is this course currently included in the University Studies Program?			
11.	If the course is a 100-200 level course, please submit evidence (e.g., correspondence) that the Community College System has been consulted.				

*NOTE: Approval of this change will constitute approval of the program change unless other program modifications are proposed.

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12.	If the course is 400G or 500 level, include syllabi or course statement showing differentiation for undergraduate and graduat students in assignments, grading criteria, and grading scales. Check here if 400G-500.				
12.	Is this a minor change? (NOTE: See the description on this form of the College to the Chair of the Senate Counc Council for normal processing.)	Yes X No what constitutes a minor change. Minor changes are sent directly from the Dean of il. If the latter deems the change not to be minor, it will be sent to the appropriate			
13.	Within the Department, who should be consu	alted for further information on the proposed course change?			
	Name: John F. Watkins	Phone Extension: 7-1450, ext. 80240			
<u>Sign</u>	natures of Approval:				
-	2-20-08 DATE of Approval by Department Faculty	printed name Reported by Department Chair signature			
	2-20-08	Unda A Alexanda A A A A A A A A A A A A A A A A A A A			
	DATE of Approval by College Faculty	Linda A. Alexander printed name Reported by College Bean Alexander Reported by College Bean signature Assoc Dean for Academic Affairs			
	*DATE of Approval by Undergraduate Council	printed nume Reported by Undergraduate Council Chair signature			
<u></u>	*DATE of Approval by Graduate Council	printed name Reported by Graduate Council Chair signature			
.	*DATE of Approval by Health Care Colleges Council (HCCC)	Heid Anderson / Heid Melder printed name Reported by Health Care Colleges Council Chair signature			
	*DATE of Approval by Senate Council	Reported by Office of the Senate Council			
	*DATE of Approval by the University Senate	Reported by the Office of the Senate Council			
*If a	pplicable, as provided by the University Senate 1	Rules. (<u>http://www.uky.edu/USC/New/RulesandRegulationsMain.</u> htm)			
	Excerpt from University Senate Rules:	· *********			
	SR 3.3.0.G.2: Definition. A request may criteria:	be considered a minor change if it meets one of the following			
	b. editorial change in content or emphasi c. a change in prerequire which is made necessary prerequisite(s);	uisite(s) which does not imply change in content or emphasis, or essary by the elimination or significant alteration of the course under conditions set forth in SR 3.3.0.E;			