APPLICATION FOR NEW COURSE

1. Submitted by College of ___Public Health_____ Date _____

    Department/Division offering course ___Gerontology_____

2. Proposed designation and Bulletin description of this course

    a. Prefix and Number ___GRN 786_____   b. Title* ___Independent Readings in Gerontology_____
        *NOTE: If the title is longer than 24 characters (including spaces), write
        A sensible title (not exceeding 24 characters) for use on transcripts _____

    c. Lecture/Discussion hours per week ____NA_____   d. Laboratory hours per week __0_____

    e. Studio hours per week ____0_____   f. Credits   ___Variable 1-6____

    g. Course description

        Open to doctoral students who have the necessary training and ability to work independently at an advanced level.
        Students will work under the supervision of a gerontology faculty member to identify readings appropiate for the student's
        chosen topic, establish timelines for completion, and determine grading criteria. May be repeated to a maximum of 9
        credits. Approval of the Director of Graduate Studies required.

    h. Prerequisites (if any)

        None

    i. May be repeated to a maximum of ___9 credit_____ (if applicable)

4. To be cross-listed as

    _____   _____
             Prefix and Number   Signature, Chairman, cross-listing department

5. Effective Date ____Fall 2007_____ (semester and year)

6. Course to be offered   ☒ Fall   ☒ Spring   ☒ Summer

7. Will the course be offered each year?   ☒ Yes   ☐ No
    (Explain if not annually)

8. Why is this course needed?

    To provide students a formal opprtunity to pursue advanced readings in their chosen area of interest.

9. a. By whom will the course be taught?   Gerontology faculty will serve as supervisors. DGS in the central contact.

    b. Are facilities for teaching the course now available?   ☒ Yes   ☐ No
        If not, what plans have been made for providing them?

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10. What enrollment may be reasonably anticipated?   Up to 15 per semester

11. Will this course serve students in the Department primarily?   ☒ Yes   ☐ No

    Will it be of service to a significant number of students outside the Department?   ☐ Yes   ☒ No
    If so, explain.

    Will the course serve as a University Studies Program course?   ☐ Yes   ☒ No

    If yes, under what Area?

12. Check the category most applicable to this course

    ☒   traditional; offered in corresponding departments elsewhere;

    ☐   relatively new, now being widely established

    ☐   not yet to be found in many (or any) other universities

13. Is this course applicable to the requirements for at least one degree or certificate at the
    University of Kentucky?   ☒ Yes   ☐ No

14. Is this course part of a proposed new program: ☐ Yes   ☒ No
    If yes, which?

15. Will adding this course change the degree requirements in one or more programs?*   ☐ Yes   ☒ No
    If yes, explain the change(s) below

16. Attach a list of the major teaching objectives of the proposed course and outline and/or reference list to be used.

17. If the course is a 100-200 level course, please submit evidence (e.g., correspondence) that the Community College System has
    been consulted.   ☐ Check here if 100-200.

18. If the course is 400G or 500 level, include syllabi or course statement showing differentiation for undergraduate and graduate
    students in assignments, grading criteria, and grading scales.   ☐ Check here if 400G-500.

19. Within the Department, who should be contacted for further information about the proposed course?

    Name   John Watkins   Phone Extension   7-1450 x80240

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

20. Signatures to report approvals:

_2-20-08_
DATE of Approval by Department Faculty

GRAHAM D. ROWLES   /
printed name   Reported by Department Chair   signature

_2-20-08_
DATE of Approval by College Faculty

Linda A. Alexander
printed name   Reported by College Dean   signature
Assoc Dean for Academic Affairs

                                        /
printed name   Reported by Undergraduate Council Chair   signature
* DATE of Approval by Undergraduate Council

                                        /
printed name   Reported by Graduate Council Chair   signature
* DATE of Approval by Graduate Council

_2/21/08_
* DATE of Approval by Health Care Colleges Council (HCCC)

Heidi Anderson   /
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 University Senate

Reported by Office of the Senate Council

*If applicable, as provided by the _University Senate Rules._ (_http://www.uky.edu/USC/New/RulesandRegulationsMain.htm_)