APPLICATION FOR NEW COURSE

| 1. | Submitted by the Colle | ege of Arts and Sciences | Date: February 5 2008 | | | | |
|--|---|--|---|--|--|--|--|
| | Department/Division p | proposing course: Gender and Women's Studies | | | | | |
| 2. | 2. Proposed designation and Bulletin description of this course: | | | | | | |
| | | | | | | | |
| | b. Title[*] <u>Gender, Power and Violence</u> *If title is longer than 24 characters, write a sensible title (24 characters or less) for use on transcripts: <u>Gndr, Pwr, Viol</u> | | | | | | |
| c. Courses must be described by <u>at least one</u> of the categories below. Include the number of <u>actual contact hours per</u> each category, as applicable. | | | | | | | |
| | $(_) CLINICAL (_) COLLOQUIUM (_) DISCUSSION (_) LABORATORY (\underline{x}) LECTURE$ | | | | | | |
| | () INDEPEND. STUDY () PRACTICUM () RECITATION () RESEARCH () RESIDEN () SEMINAR () STUDIO () OTHER – Please explain: | | | | | | |
| | Dass/Fail | | | | | | |
| | e. Number of credit | hours: <u>3</u> | | | | | |
| | f. Is this course repe | imum number of credit hours: | | | | | |
| | g. Course descriptio | • Course description: | | | | | |
| This course is organized around three selected but interrelated themes to help us examine the interconnections gender, power, and violence in different cultural settings. We will examine state, institutional, and interperson and critically analyze the ways in which gender and power are articulated at each of these levels. In our discu will pay special attention to the various forms (physical, psychological, economic, sexual, and symbolic) viole take and analyze the causes and consequences of different articulations of gender, power, and violence. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Will this course be offered through Distance Learning? YES [If YES, please circle one of the methods below that reflects how the majority of the course content will be | | | | | | | |
| | Internet/Web based | video Extended campus | entucky Educational Television (KET/teleweb) Other | | | | |
| | Please describe "Other": | | | | | | |
| 3. | Teaching method: | N/A or Community-Based Experience | ce Service Learning Component Both | | | | |
| 4. | To be cross-listed as: | Prefix and Number | Signature of chair of cross-listing department | | | | |

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| 5. | Requested effective date (term/year): Fall / 2008 | | | | | | | |
|-----|--|-------|-------|--|--|--|--|--|
| 6. | Course to be offered (please check all that apply): S Fall Spring Summer | | | | | | | |
| 7. | Will the course be offered every year? | YES | □ NO | | | | | |
| | If NO, please explain: | | | | | | | |
| 8. | Why is this course needed? | | | | | | | |
| | It has been developed as an elective in the new GWS undergraduate major. | | | | | | | |
| | | | | | | | | |
| 9. | a. By whom will the course be taught? Dr. Cristina Alcalde | | | | | | | |
| | b. Are facilities for teaching the course now available? | YES | □ NO | | | | | |
| | If NO, what plans have been made for providing them? | | | | | | | |
| | | | | | | | | |
| 10. | What yearly enrollment may be reasonably anticipated? | | | | | | | |
| | 30-40 | | | | | | | |
| 11. | a. Will this course serve students primarily within the department? | Yes | 🛛 No | | | | | |
| | b. Will it be of interest to a significant number of students outside the department? If YES, please explain. | YES | □ NO | | | | | |
| | Because GWS is an interdisciplinary field, the courrse will draw students from across the humanities and social sciences. | | | | | | | |
| | | | | | | | | |
| 12. | Will the course serve as a University Studies Program course [†] ? | YES | NO NO | | | | | |
| | If YES, under what Area? | | | | | | | |
| | [†] AS OF SPRING 2007, THERE IS A MORATORIUM ON APPROVAL OF NEW COURSES FOR USP. | | | | | | | |
| 13. | Check the category most applicable to this course: | | | | | | | |
| | traditional – offered in corresponding departments at universities elsewhere | | | | | | | |
| | relatively new – now being widely established | | | | | | | |
| | not yet to be found in many (or any) other universities | | | | | | | |
| 14. | Is this course applicable to the requirements for at least one degree or certificate at UK? | Yes | 🗌 No | | | | | |
| 15. | Is this course part of a proposed new program? | YES | □ NO | | | | | |
| | If YES, please name:undergraduate major in GWS | | | | | | | |
| 16. | Will adding this course change the degree requirements for ANY program on campus? If YES [‡] , list below the programs that will require this course: | ☐ YES | NO NO | | | | | |

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| | [‡] In order to change the program(s), a program change form(s) must also be submitted. | | | | | | |
|------|---|---|-----------|--|--|--|--|
| 17. | The major teaching objectives of the proposed course, syllabus and/or reference list to be used are attached. | | | | | | |
| 18. | Check box if course is 400G- or 500-level, <i>you must include a syllabus showing differentiation</i> for undergraduate and graduate students by (i) requiring additional assignments by the graduate students; and/or (ii) the establishment of different grading criteria in the course for graduate students. (See <i>SR 3.1.4</i>) | | | | | | |
| 19. | . Within the department, who should be contacted for further information about the proposed new course? | | | | | | |
| Name | e: Deborah L. Crooks | Phone: 257-4654 Email: dlcrooks@uky.edu | | | | | |
| 20. | Signatures to report approvals: | | | | | | |
| | 02/05/08 | Deborah L. Crooks / | | | | | |
| | DATE of Approval by Department Faculty | Deborah L. Crooks / printed name Reported by Department Chair | signature | | | | |
| | | | C | | | | |
| | | / | | | | | |
| | DATE of Approval by College Faculty | printed name Reported by College Dean | signature | | | | |
| | Approval UC 9/30/08 | 1 | | | | | |
| | * DATE of Approval by Undergraduate Council | printed name Reported by Undergraduate Council Chair | signature | | | | |
| | | / | | | | | |
| | * DATE of Approval by Graduate Council | printed name Reported by Graduate Council Chair | signature | | | | |
| | | / | | | | | |
| | * DATE of Approval by Health Care Colleges Council (HCCC) | 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. (<u>http://www.uky.edu/USC/New/RulesandRegulationsMain.htm</u>)