

NEW COURSE FORM

1. General Information.				
a.	Submitted by the College of: Arts and Sciences	Today's Date:	10/17/11	
b.	Department/Division: Gender and Women's Studies			
c.	Contact person name: Ellen Riggle	Email: pol164@uky.edu	Phone:	257-1388
d.	Requested Effective Date:	<input checked="" type="checkbox"/> Semester following approval	OR	<input type="checkbox"/> Specific Term/Year ¹ : _____
2. Designation and Description of Proposed Course.				
a.	Prefix and Number:	GWS 767		
b.	Full Title:	Dissertation Residency Credit		
c.	Transcript Title (if full title is more than 40 characters):	Dissertation Residency Credit		
d.	To be Cross-Listed ² with (Prefix and Number):	_____		
e.	Courses must be described by <u>at least one</u> of the meeting patterns below. Include number of actual contact hours ³ for each meeting pattern type.			
	_____ Lecture	_____ Laboratory ¹	_____ Recitation	_____ Discussion
	_____ Clinical	_____ Colloquium	_____ Practicum	_____ Research
	_____ Seminar	_____ Studio	_____ Other – Please explain:	_____
f.	Identify a grading system:	<input checked="" type="checkbox"/> Letter (A, B, C, etc.)	<input type="checkbox"/> Pass/Fail	
g.	Number of credits:	2		
h.	Is this course repeatable for additional credit?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	If YES:	Maximum number of credit hours:	Minimum of 2 semesters, maximum 12	
	If YES:	Will this course allow multiple registrations during the same semester?		YES <input type="checkbox"/> NO <input type="checkbox"/>
i.	Course Description for Bulletin:	Residency credit for dissertation research after the qualifying examination. Students may register for this course in the semester of the qualifying examination. A minimum of two semesters are required as well as continuous enrollment (Fall and Spring) until the dissertation is completed and defended.		
j.	Prerequisites, if any:	Successful completion of the qualifying examination.		
k.	Will this course also be offered through Distance Learning?			YES ⁴ <input type="checkbox"/> NO <input checked="" type="checkbox"/>
l.	Supplementary teaching component, if any:	<input type="checkbox"/> Community-Based Experience	<input type="checkbox"/> Service Learning	<input type="checkbox"/> Both
3.	Will this course be taught off campus?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

¹ Courses are typically made effective for the semester following approval. No course will be made effective until all approvals are received.

² The chair of the cross-listing department must sign off on the Signature Routing Log.

³ In general, undergraduate courses are developed on the principle that one semester hour of credit represents one hour of classroom meeting per week for a semester, exclusive of any laboratory meeting. Laboratory meeting, generally, represents at least two hours per week for a semester for one credit hour. (from SR 5.2.1)

⁴ You must *also* submit the Distance Learning Form in order for the proposed course to be considered for DL delivery.

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4. Frequency of Course Offering.			
a. Course will be offered (check all that apply):	<input checked="" type="checkbox"/> Fall	<input checked="" type="checkbox"/> Spring	<input type="checkbox"/> Summer
b. Will the course be offered every year?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
If NO, explain:	_____		
5. Are facilities and personnel necessary for the proposed new course available?			
	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
If NO, explain:	No formal course work, strictly residency		
6. What enrollment (per section per semester) may reasonably be expected?			
	1-5		
7. Anticipated Student Demand.			
a. Will this course serve students primarily within the degree program?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
b. Will it be of interest to a significant number of students outside the degree pgm?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
If YES, explain:	_____		
8. Check the category most applicable to this course:			
<input checked="" type="checkbox"/>	Traditional – Offered in Corresponding Departments at Universities Elsewhere		
<input type="checkbox"/>	Relatively New – Now Being Widely Established		
<input type="checkbox"/>	Not Yet Found in Many (or Any) Other Universities		
9. Course Relationship to Program(s).			
a. Is this course part of a proposed new program?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
If YES, name the proposed new program:	GWS_Ph.D.		
b. Will this course be a new requirement ⁵ for ANY program?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
If YES ⁵ , list affected programs:	_____		
10. Information to be Placed on Syllabus.			
a. Is the course 400G or 500?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
If YES, the <i>differentiation for undergraduate and graduate students must be included</i> in the information required in 10.b . You must include: (i) identification of additional assignments by the graduate students; and/or (ii) establishment of different grading criteria in the course for graduate students. (See <i>SR 3.1.4.</i>)			
b. <input type="checkbox"/>	The syllabus, including course description, student learning outcomes, and grading policies (and 400G-/500-level grading differentiation if applicable, from 10.a above) are attached.		

⁵ In order to change a program, a program change form must also be submitted.

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Signature Routing Log

General Information:

Course Prefix and Number: GWS 767

Proposal Contact Person Name: Ellen Riggle Phone: 257-1388 Email: pol164@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
GWS Graduate Program Committee	10/18/11	/ /	
GWS Chair	10/19/11	Patricia Cooper / 7-6856 / pacoop@uky.edu	
College	10/25/11	Anna Bosch, Associate Dean / 7-6689 / bosch@uky.edu	
		/ /	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁶
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

⁶ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.