

CHANGE GRADUATE/UNDERGRADUATE CERTIFICATE

Fill out this form to change an existing certificate. This form should be used for both undergraduate certificates and graduate certificates.

Once approved at the college level, your college will send the proposal to the appropriate Senate academic council (HCCC and/or GC) for review and approval. Once approved at the academic council level, the academic council will send your proposal to the Senate Council office for additional review and then a 10-day posting online, during which senators review on their own and have an option to register an objection if they so desire. If no objection is raised to the Senate Council Office within ten days of the posting the proposal, then the graduate certificate change is approved. The Senate Council Office will report approvals to the Provost, Registrar and other appropriate entities, including the contact person.

For each change, you MUST enter the current language/requirement as well as the proposed change.

SUMMARY OF CHANGES				
Check all that apply.				
<input checked="" type="checkbox"/>	Courses	<input type="checkbox"/>	Certificate Name	<input type="checkbox"/>
<input type="checkbox"/>	Total required credit hours	<input type="checkbox"/>	Certificate review	
<input type="checkbox"/>	Criteria for admissions/progression/termination	<input type="checkbox"/>	Other	
1. General Information				
1a	Change is for:	<input type="checkbox"/> UNDERGRADUATE CERTIFICATE	OR	<input checked="" type="checkbox"/> GRADUATE CERTIFICATE
1b	Date of contact with Institutional Effectiveness (IE) ¹ :		May 2015	
	<input type="checkbox"/> Appended to the end of this form is a PDF of the reply from Institutional Effectiveness.			
1c	College ² :	Graduate	Department ² :	Martin School of Public Policy
1d	CIP code:	44.0501		
1e	Current certificate name:	Graduate Certificate in Public Financial Management	Proposed certificate name:	
1f	Today's Date:	8.23.19		
1g	Requested effective date:	<input checked="" type="checkbox"/> Fall semester following approval.	OR	<input type="checkbox"/> Specific Date ³ : <i>Fall 20</i>
1h	Contact person name:	Ron Zimmer	Phone / Email:	8592575741 / ron.zimmer@uky.edu
2. Overview of Changes				
2a	Describe the rationale for the change(s), including (as appropriate) input from an advisory board, professional body, etc. (450 word limit)			
	The wrong class (PA 626) was submitted as part of the Graduate Certificate. The correct class is PA 627 Governmental Audit.			

¹ You can reach Institutional Effectiveness by phone or email (257-1962 or OSPIE@l.uky.edu).

² It is not possible to change the home academic unit of a certificate via this form. To change the home unit, visit <https://www.uky.edu/universitysenate/forms> and look for the heading, "Forms Related to Academic Organizational Structure."

³ No certificate changes will be effective until all approvals are received.

3a.	Will the requested changes result in the use of courses from another unit?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If "Yes," describe generally the courses and how they will used.			
If "Yes," two pieces of supporting documentation are required.			
<input type="checkbox"/> Check to confirm that appended to the end of this form is a letter of support from the other units' chair/director ⁴ from which individual courses will be used.			
<input type="checkbox"/> Check to confirm that appended to the end of this form is verification that the chair/director of the other unit has consent from the faculty members of the unit. This typically takes the form of meeting minutes.			

3. Non-Course Related Changes

3a	Will the certificate's admissions and/or application procedures change?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If "Yes," describe below. (150 word limit)			
Current:		Proposed:	

4. Course-Related Changes

4a	Will the required courses for the certificate change? (If "Yes," indicate and note the changes in the area below. If "No," indicate and proceed to 4b.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If "Yes," note the specific changes in the grid below.			

Current			Proposed			
Prefix & Nmbr	Credit Hrs	Title	Prefix & Nmbr	Credit Hrs	Title	Course Status ⁵
PA 626	3	Applications in Governmental Accounting and Auditing	PA 627	3	Governmental Audit	Change
						Select one....
						Select one....
						Select one....
						Select one....

4b	Provide the Bulletin language about required courses.
This course focuses on components of the governmental audit process unique to the public sector. Students will gain an understanding of the Government Auditing Standards (GAGAS), types of audits, the role of audit objectives and audit evidence, the fundamentals of interviewing, the preparation of audit working papers, as well as how to interpret audit findings and elements based on qualitative and quantitative evidence and communicate those findings to non-financial audiences.	

4b	Will the elective courses for the certificate change? (If "Yes," indicate and note the changes in the area below. If "No," indicate and proceed to 5a.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If "Yes," note the specific changes in the grid below.			

⁴ A dean may submit a letter only when there is no educational unit below the college level, i.e. there is no department/school.

⁵ Use the drop-down list to indicate if the course is a new course ("new"), an existing course that will change ("change"), or if the course is an existing course that will not change ("no change").

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Prefix & Nmbr	Credit Hrs	Title	Prefix & Nmbr	Credit Hrs	Title	Course Status ⁶
						Select one....
						Select one....
						Select one....
						Select one....
						Select one....
						Select one....

4c Provide the Bulletin language about elective courses.

5. Other Changes

5a Are there any other changes to the certificate? If "Yes," note below. (150 word limit) Yes No

6. Approvals/Reviews

Information below does not supersede the requirement for individual letters of support from educational unit administrators and verification of faculty support (typically takes the form of meeting minutes).

	Reviewing Group Name	Date Approved	Contact Person Name/Phone/Email
6a	(Within College)		
	Martin School	8/26/198	Ron Zimmer / 8592575741 / ron.zimmer@uky.edu
	Graduate School		Brian Jackson / / brian.jackson@uky.edu
	Senate Council		/ /
			/ /

6b (Collaborating and/or Affected Units)

			/ /
			/ /
			/ /
			/ /
			/ /

6c (Senate Academic Council) **Date Approved** **Contact Person Name**

	Health Care Colleges Council (if applicable)		
	Graduate Council	10/10/19	Roshan Nikou

⁶ Use the drop-down list to indicate if the course is a new course ("new"), an existing course that will change ("change"), or if the course is an existing course that will not change ("no change").