## **Current Course Report**

4/1/2016 7:13:11 AM

Course Information

Date Submitted: 3/22/2016

Current Prefix and Number: HA - Health Administration, HA 775 SPEC TOPS IN HLTH ADMIN

Other Course:

Proposed Prefix and Number: CPH 788

What type of change is being proposed?

Major Change

Should this course be a UK Core Course? No

1. General Information

a. Submitted by the College of: PUBLIC HEALTH

b. Department/Division: Master Health Administration

c. Is there a change in 'ownership' of the course? No

If YES, what college/department will offer the course instead: Select...

e. Contact Person

Name: Andrea Perkins

Email: andrea.perkins@uky.edu

Phone: 218-2021

Responsible Faculty ID (if different from Contact)

Name: Martha Riddell

Email: martha.riddell@uky.edu

Phone: 218-2012

f. Requested Effective Date

Semester Following Approval: No OR Effective Semester: Fall 2016

2. Designation and Description of Proposed Course

a. Current Distance Learning (DL) Status: N/A

b. Full Title: SPECIAL TOPICS IN HEALTH ADMINISTRATION

Proposed Title: Same

c. Current Transcript Title: SPEC TOPS IN HLTH ADMIN

Proposed Transcript Title: Same

OFFICE OF THE SENATE COUNCIL

MAR 3 1 2016

# KENTUCKY'

## **Current Course Report**

d. Current Cross-listing: none

Proposed - ADD Cross-listing:

Proposed - REMOVE Cross-listing:

e. Current Meeting Patterns

**Proposed Meeting Patterns** 

LECTURE: 1-3

f. Current Grading System: Graduate School Grade Scale

Proposed Grading System: Graduate School Grade Scale

g. Current number of credit hours: 1 - 3 (variable)

Proposed number of credit hours: 1-3

h. Currently, is this course repeatable for additional credit? Yes

Proposed to be repeatable for additional credit? Yes

If Yes: Maximum number of credit hours: 6

If Yes: Will this course allow multiple registrations during the same semester? No

**2i. Current Course Description for Bulletin:** An analysis of selected issues with special significance for health administration.

Proposed Course Description for Bulletin: Same

2j. Current Prerequisites, if any: Prereq: MHA Program Status.

Proposed Prerequisites, if any: Same

2k. Current Supplementary Teaching Component:

**Proposed Supplementary Teaching Component:** 

3. Currently, is this course taught off campus? No

Proposed to be taught off campus? No

If YES, enter the off campus address:

4. Are significant changes in content/student learning outcomes of the course being proposed? No

If YES, explain and offer brief rational:

5a. Are there other depts. and/or pgms that could be affected by the proposed change? No

If YES, identify the depts, and/or pgms:

5b. Will modifying this course result in a new requirement of ANY program? No

If YES, list the program(s) here:

6. Check box if changed to 400G or 500: No



## **Current Course Report**

### **Distance Learning Form**

Instructor Name:

Instructor Email:

Internet/Web-based: No

Interactive Video: No

Hybrid: No

1. How does this course provide for timely and appropriate interaction between students and faculty and among students? Does the course syllabus conform to University Senate Syllabus Guidelines, specifically the Distance Learning Considerations?

- 2. How do you ensure that the experience for a DL student is comparable to that of a classroom-based student's experience? Aspects to explore: textbooks, course goals, assessment of student learning outcomes, etc.
- 3. How is the integrity of student work ensured? Please speak to aspects such as password-protected course portals, proctors for exams at interactive video sites; academic offense policy; etc.
- 4.Will offering this course via DL result in at least 25% or at least 50% (based on total credit hours required for completion) of a degree program being offered via any form of DL, as defined above?

If yes, which percentage, and which program(s)?

- 5. How are students taking the course via DL assured of equivalent access to student services, similar to that of a student taking the class in a traditional classroom setting?
- 6. How do course requirements ensure that students make appropriate use of learning resources?
- 7.Please explain specifically how access is provided to laboratories, facilities, and equipment appropriate to the course or program.
- 8.How are students informed of procedures for resolving technical complaints? Does the syllabus list the entities available to offer technical help with the delivery and/or receipt of the course, such as the Information Technology Customer Service Center (http://www.uky.edu/UKIT/)?
- 9.Will the course be delivered via services available through the Distance Learning Program (DLP) and the Academic Technology Group (ATL)? NO

If no, explain how student enrolled in DL courses are able to use the technology employed, as well as how students will be provided with assistance in using said technology.

- 10.Does the syllabus contain all the required components? NO
- 11.1, the instructor of record, have read and understood all of the university-level statements regarding DL.

#### Instructor Name:

SIGNATURE|ALHAYS0|Andrea L Perkins|HA 775 CHANGE College Review|20160322 SIGNATURE|ZNNIKO0|Roshan N Nikou|HA 775 CHANGE Graduate Council Review|20160331

## **Course Change Form**

Attachments:    To   Attachment	<u>O</u>	pen in full window to print	or save						
NOTE: Start form entry by choosing the Current Prefix and Number ("denotes required fields)   Carrent Prefix and Number ("denotes required fields)   Carrent Prefix and Number ("denotes required fields)   Carrent Prefix and Number:   Carrent Prefi	ttacl	nments:							
NOTE: Start form entry by choosing the Current Prefix and Number  ("denotes required fields)    First   1   Lest		Brow	se	Upload File					
NOTE: Start form entry by choosing the Current Prefix and Number  ("denotes required fields)    Field   1   Linst		ID Atta	chment						
NOTE: Start form entry by choosing the Current Prefix and Number ("denotes required fields)    Current Prefix and Number:   HA - Health Administration	elet		<del></del>	sal.pdf					
Current Prefix and Wumber:    National Prefix and Wumber:   HA - Health Administration   Physical Prefix & Number:   Coxample: PHY 401G)   Physical Prefix & Number:   Coxample: PHY 401G)   Check if same as current		First 1 Le	ist						
Current Prefix and Wumber:    National Prefix and Wumber:   HA - Health Administration   Physical Prefix & Number:   Coxample: PHY 401G)   Physical Prefix & Number:   Coxample: PHY 401G)   Check if same as current						•			
Current Prefix and Mumber:   HA - Health Administration   Proposed Prefix & Number:   Corampic PHY 401G)   Proposed Prefix & Number:   Corampic PHY 401G)   Check if same as current   Change				NOTE OF IT		Owner Broker and	N I I		
Number:   HA 775 SPEC TOPS N HLTH ADMIN   Second   CPH 788   Change   Chang			ı		notes required	fields)			
Number:   HA 775 SPEC TOPS IN HLTH ADMIN		Current Prefix and	HA - Health	Administration		Proposed Prefix & N	lumber.		
What type of change is being proposed?   What is cause in the same hundred series.   What is cause in the same incurse title or description which does not imply a charge in control of emphasis.   What is cause in the same incurse of emphasis.   What is cause in the same incurse which does not imply a charge in control of emphasis.   What is cause in the same incurse which is made necessary by the eld of significant attention of the prerequisite(s)   What is cause that apply:   Inquiry - And & Creativity   Composition & Communications - II   Inquiry - National Phys. Sci.   Statistical Information   Quantitative Foundations   U.S. Citizenship, Community, Diversity   Composition & Communications - I   Global Dynamics   U.S. Citizenship, Community, Diversity   Composition & Communications - I   Global Dynamics   U.S. Citizenship, Community, Diversity   Department/Division:   Master Health Administration   Submission Date: 3/22/2016   Department/Division:   Master Health Administration   U.S. Citizenship, Community   Diversity   U.S. Citizenship, Community, Diversity   U.S. Citizenship			HA 775 SP	EC TOPS IN HLTH ADMIN	7,			CPH 788	
Minor - change in number within the same hundred series, exceeding the same in the same hundred series, exceeding the same in course state or description which does than the same hundred series and the same in course title or description which does than the same in course state or description which does than the same in course on the precipitate, or which is made necessary by the electron of the prerequisite(s) which does not imply a charcourse content or emphasis, or which is made necessary by the electron of the prerequisite(s) which does not imply a charcourse on the prevailed of the preva					☑ Ma				
What type of change is being proposed?					1	-	-		
What type of change is being proposed?								undred series, excepti	
Million - a change in prevential error or emphasis, or which is made necessary by the of or significant alteration of the prerequisite(s)   Should this course be a UK Core Course?	*	What type of change is	being propose	ed?	☐ Mir	nor - editorial change in	course title or des	scription which does no	
course content or emphasis, or which is made necessary by the el or significant affective of projective (%)    Should this course be a UK Core Course?					I	,		es not insulv a change	
Minor - a cross listing of a course as described above   Minor - a cross listing of a course as described above					course	e content or emphasis,	or which is made r		
Should this course be a UK Core Course?  Yes ® No  If YES, check the areas that apply:  Unquiry - Arts & Creativity							. ,	ed above	
If YES, check the areas that apply:    Inquiry - Arts & Creativity		Should this course be a	UK Core Co.	irse? ⊜ Yes @ No					
Inquiry - Humanities		1		0.000.110					
Inquiry - Humanities		Magniny - Arts & Cres	ativity	Composition & Commi	ınications - II				
Inquiry - Nat/Math/Phys Sci		Eniquity - 1 ata di Orce	Ziivity	- Composition a Commit	illioudono II	И			
Inquiry - Social Sciences	☐ Inquiry - Humanities ☐ Quantitative Foundations								
General Information  a. Submitted by the College of: PUBLIC HEALTH Submission Date: 3/22/2016  b. Department/Division: Master Health Administration  c.* Is there a change in "ownership" of the course?  O Yes ® No If YES, what college/department will offer the course instead? Select  * Contact Person Name: Andrea Perkins Email: andrea perkins@uky.edu Phone: 218-2021  * Responsible Faculty ID (if different from Contact) Martha Riddoll Email: martha.riddell@uky.edu Phone: 218-2012  L.* Requested Effective Date: Semester Following Approval OR Specific Term: 2 Fall 2016  2. Designation and Description of Proposed Course.  a. Current Distance Learning(DL) Status: 9 N/A Already approved for DL. Please Add Please Drop "If already approved for DL, the Distance Learning Form must also be submitted unless the department effirms (by checking this box ) that the proposed not affect DL delivery.  b. Full Title: SPECIAL TOPICS IN HEALTH ALMINISTRATION Proposed Title: *  C. Current Transcript Title (if full title is more than 40 characters): SPEC TOPS IN HLTH ADMIN  C. Proposed Transcript Title (if full title is more than 40 characters): Same		1_ ` -		-					
a. Submitted by the College of: PUBLIC HEALTH Submission Date: 3/22/2016  b. Department/Division: Master Health Administration  c.* Is there a change in "ownership" of the course?  O Yes ® No If YES, what college/department will offer the course instead? Select  **Contact Person Name: Andrea Perkins Email: andrea perkins@uky.edu.Phone: 218-2021  **Responsible Faculty ID (if different from Contact) Martha Riddell Email: martha riddell@uky.edu Phone: 218-2012  L.* Requested Effective Date: Semester Following Approval OR Specific Term: <sup>2</sup> Fall 2016  2. Designation and Description of Proposed Course.   **Already approved for DL*  O Please Add  O Please Drop  **If already approved for DL, the Distance Learning Form must also be submitted unless the department affirms (by checking this box ) that the proposed not affect DL delivery.  BECIAL TOPICS IN HEALTH ADMINISTRATION Proposed Title: *  Proposed Title: *  Same  Current Transcript Title (if full title is more than 40 characters): SPEC TOPS IN HLTH ADMIN  C. Proposed Transcript Title (if full title is more than 40 characters): Same		Inquiry - Nat/Math/P	hys Sci	Statistical Inferential R	easoning				
a. Submitted by the College of: PUBLIC HEALTH Submission Date: 3/22/2016  b. Department/Division: Master Health Administration  c.* Is there a change in "ownership" of the course?  O Yes ® No If YES, what college/department will offer the course instead? Select  **Contact Person Name: Andrea Perkins Email: andrea perkins@uky.edu Phone: 218-2021  **Responsible Faculty ID (if different from Contact) Martha Riddell Email: martha.riddell@uky.edu Phone: 218-2012  f.* Requested Effective Date: Semester Following Approval OR Specific Term: 2 Fall 2016  2. Designation and Description of Proposed Course.  ### Ourrent Distance Learning(DL) Status: ### Only Please Add O Please Drop  ### Already approved for DL, the Distance Learning Form must also be submitted unless the department affirms (by checking this box ) that the proposed not affect DL delivery.    D		Inquiry - Nat/Math/P	hys Sci nces	Statistical Inferential R	easoning				
b. Department/Division:  c.* Is there a change in "ownership" of the course?  ① Yes ® No If YES, what college/department will offer the course instead? Select  e.* * Contact Person Name:		Inquiry - Nat/Math/P Inquiry - Social Scie	thys Sci nces nmunications	Statistical Inferential R	easoning			_	
C.* Is there a change in "ownership" of the course?  O Yes ® No If YES, what college/department will offer the course instead? Select [*]  e.* *Contact Person Name: Andrea Perkins Email: andrea perkins@uky.edu.Phone: 218-2021  *Responsible Faculty ID (if different from Contact) Martha Riddell Email: martha-riddell@uky.edu Phone: 218-2012  I.* Requested Effective Date: Semester Following Approval OR Specific Term: 2 Fall 2016  2. Designation and Description of Proposed Course.  Semester Following Approval OR Specific Term: 2 Fall 2016  Current Distance Learning(DL) Status: Already approved for DL* O Please Add O Please Drop  "If already approved for DL, the Distance Learning Form must also be submitted unless the department affirms (by checking this box ) that the proposed not affect DL delivery.  b. Full Title: SPECIAL TOPICS IN HEALTH ADMINISTRATION  Current Transcript Title (if full title is more than 40 characters): SPEC TOPS IN HLTH ADMIN  C. Proposed Transcript Title (if full title is more than 40 characters): Same  Current Transcript Title (if full title is more than 40 characters): Same	1.	Inquiry - Nat/Math/P Inquiry - Social Scie	thys Sci nces nmunications	Statistical Inferential R	easoning				
O'Yes ® No If YES, what college/department will offer the course instead? Select  * Contact Person Name: * Responsible Faculty ID (if different from Contact) Martha Riddell Email: martha riddell@uky.edu Phone: 218-2021  f.* Requested Effective Date:  OR Specific Term: 2 Fall 2016  Designation and Description of Proposed Course.  * Current Distance Learning(DL) Status:  * M/A Already approved for DL* Please Add Please Drop  * If already approved for DL, the Distance Learning Form must also be submitted unless the department affirms (by checking this box ) that the proposed not affect DL delivery.  * Proposed Title:  C. Current Transcript Title (if full title is more than 40 characters):  SPEC TOPS IN HLTH ADMIN  * Current Proposed Transcript Title (if full title is more than 40 characters):  Same	-	☐ Inquiry - Nat/Math/P ☐ Inquiry - Social Scie ☐ Composition & Con General Information	rhys Sci nces nmunications	Statistical Inferential R	easoning	Submissio	n Date: 3/22/2016	3	
** Contact Person Name: **Responsible Faculty ID (if different from Contact) **Martha Riddell Email: martha.riddell@uky.edu Phone: 218-2021  [**Responsible Faculty ID (if different from Contact) **Martha Riddell Email: martha.riddell@uky.edu Phone: 218-2012  [**Responsible Faculty ID (if different from Contact) **Martha Riddell Email: martha.riddell@uky.edu Phone: 218-2012    OR	a.	☐ Inquiry - Nat/Math/P ☐ Inquiry - Social Scie ☐ Composition & Con General Information Submitted by the College	rhys Sci nces nmunications	Statistical Inferential R	easoning munity, Diversity	Submissio	n Date; 3/22/2016	3	
*Responsible Faculty ID (if different from Contact) Martha Riddell Email: martha.riddell@uky.edu Phone: 218-2012  f.* Requested Effective Date: Semester Following Approval OR Specific Term: <sup>2</sup> Fall 2016  2. Designation and Description of Proposed Course.  a. Current Distance Learning(DL) Status: Specific Term: <sup>2</sup> Fall 2016  Already approved for DL* Please Add Please Drop  'If already approved for DL, the Distance Learning Form must also be submitted unless the department affirms (by checking this box ) that the proposed not affect DL delivery.  b. Full Title: Specific Term: <sup>2</sup> Fall 2016  Full Title: Specific Term: <sup>2</sup> Fall 2016  Same  Current Transcript Title (if full title is more than 40 characters): Specific Term: <sup>2</sup> Fall 2016  Specific Te	a. b.	☐ Inquiry - Nat/Math/P ☐ Inquiry - Social Scie ☐ Composition & Con General Information Submitted by the Colleg Department/Division:	hys Sci inces inmunications in of: PUBLI	Statistical Inferential R. U.S. Citizenship, Comu I Global Dynamics C HEALTH Master Health Adminis	easoning munity, Diversity	Submissio	n Date; 3/22/2016	3	
*Responsible Faculty ID (if different from Contact) Martha Riddell Email: martha.riddell@uky.edu Phone: 218-2012  f.* Requested Effective Date: Semester Following Approval OR Specific Term: <sup>2</sup> Fall 2016  2. Designation and Description of Proposed Course.  a. Current Distance Learning(DL) Status: Specific Term: <sup>2</sup> Fall 2016  Already approved for DL* Please Add Please Drop  'If already approved for DL, the Distance Learning Form must also be submitted unless the department affirms (by checking this box ) that the proposed not affect DL delivery.  b. Full Title: Specific Term: <sup>2</sup> Fall 2016  Full Title: Specific Term: <sup>2</sup> Fall 2016  Same  Current Transcript Title (if full title is more than 40 characters): Specific Term: <sup>2</sup> Fall 2016  Specific Te	a. b.	□ Inquiry - Nat/Math/P □ Inquiry - Social Scie □ Composition & Con General Information  Submitted by the Colleg Department/Division:	hys Sci inces inmunications in PUBLI	Statistical Inferential R. U.S. Citizenship, Comu I Global Dynamics C HEALTH Master Health Adminis	easoning munity, Diversity		n Date: 3/22/2016		
2. Designation and Description of Proposed Course.  a. Current Distance Learning(DL) Status:  **If already approved for DL, the Distance Learning Form must also be submitted unless the department affirms (by checking this box ) that the proposed not affect DL delivery.  b. Full Title:  **SPECIAL TOPICS IN HEALTH ADMINISTRATION   Proposed Title: *  **Current Transcript Title (if full title is more than 40 characters):  **SPEC TOPS IN HLTH ADMIN  C. Proposed Transcript Title (if full title is more than 40 characters):  **SPEC TOPS IN HLTH ADMIN  **Currents** Cross listed with (Prefix 8.)	a. b. c.*	□ Inquiry - Nat/Math/P □ Inquiry - Social Scie □ Composition & Con General Information  Submitted by the Colleg Department/Division:  Is there a change in "ow □ Yes ® No If YES	hys Sci inces inmunications e of: PUBLI inership" of the	Statistical Inferential R. U.S. Citizenship, Comu I Global Dynamics  C HEALTH  Master Health Administer course?	easoning munity, Diversity elration rse instead? Sel	9ct			
2. Designation and Description of Proposed Course.  a. Current Distance Learning(DL) Status:  **If already approved for DL, the Distance Learning Form must also be submitted unless the department affirms (by checking this box ) that the proposed not affect DL delivery.  b. Full Title:  **SPECIAL TOPICS IN HEALTH ADMINISTRATION   Proposed Title: *  **Current Transcript Title (if full title is more than 40 characters):  **SPEC TOPS IN HLTH ADMIN  C. Proposed Transcript Title (if full title is more than 40 characters):  **SPEC TOPS IN HLTH ADMIN  **Currents** Cross listed with (Prefix 8.)	a. b. c.*	☐ Inquiry - Nat/Math/P☐ Inquiry - Social Scie☐ Composition & Com General Information  Submitted by the Colleg Department/Division:  Is there a change in "ow ☐ Yes ⑤ No If YES  * Contact Person Name	hys Sci inces inmunications e of: PUBLi vnership" of the	Statistical Inferential R. U.S. Citizenship, Comi I Global Dynamics  C HEALTH  Master Health Administic course?  e/department will offer the course?	easoning munity, Diversity elration rse instead? Sol	ect drea.perkins@uky.edu.P	Phone: 218-2021		
a. Current Distance Learning(DL) Status:    Image: Current Distance Learning   OL	a. b. c.*	□ Inquiry - Nat/Math/P □ Inquiry - Social Scie □ Composition & Con General Information  Submitted by the Colleg Department/Division: Is there a change in "ow □ Yes ® No If YES  * Contact Person Name * Responsible Faculty If	thys Sci inces inmunications are of: PUBLI unership" of th i, what college :	Statistical Inferential R. U.S. Citizenship, Comi I Global Dynamics  C HEALTH  Master Health Administic course?  e/department will offer the course from Contact) Martha Riddell	easoning munity, Diversity stration rse instead? Sol Email: an	ect drea.perkins@uky.edu.P ntha.riddell@uky.edu.P	Phone: 218-2021 Phone: 218-2012		
a. Current Distance Learning(DL) Status:  Already approved for DL* Please Add Please Drop  *If already approved for DL, the Distance Learning Form must also be submitted unless the department affirms (by checking this box ) that the proposed not affect DL delivery.  b. Full Title:  SPECIAL TOPICS IN HEALTH ADMINISTRATION Full Title:  SPEC TOPS IN HLTH ADMIN  C. Proposed Transcript Title (if full title is more than 40 characters):  Same  Current Transcript Title (if full title is more than 40 characters):  Same	a. b. c.*	□ Inquiry - Nat/Math/P □ Inquiry - Social Scie □ Composition & Con General Information  Submitted by the Colleg Department/Division: Is there a change in "ow □ Yes ® No If YES  * Contact Person Name * Responsible Faculty II  Requested Effective Da	hys Sci inces inmunications are of: PUBLI vinership" of th i, what college : D (if different to	Statistical Inferential R. U.S. Citizenship, Comi I Global Dynamics  C HEALTH  Master Health Administer Course?  Andrea Perkins from Contact) Martha Riddell  Semester Foll	easoning munity, Diversity stration rse instead? Sol Email: an	ect drea.perkins@uky.edu.P ntha.riddell@uky.edu.P	Phone: 218-2021 Phone: 218-2012		
a. Current Distance Learning(DL) Status:  Please Add Please Drop  *If already approved for DL, the Distance Learning Form must also be submitted unless the department affirms (by checking this box ) that the proposed not affect DL delivery.    Proposed Title:	a. b. c.*	□ Inquiry - Nat/Math/P □ Inquiry - Social Scie □ Composition & Con General Information  Submitted by the Colleg Department/Division: Is there a change in "ow □ Yes ® No If YES  * Contact Person Name * Responsible Faculty II  Requested Effective Da	hys Sci inces inmunications are of: PUBLI vinership" of th i, what college : D (if different to	Statistical Inferential R. U.S. Citizenship, Comi I Global Dynamics  C HEALTH  Master Health Administer Course?  Andrea Perkins from Contact) Martha Riddell  Semester Foll	easoning munity, Diversity stration rse instead? Sel Email: an Email: ma	ect drea.perkins@uky.edu.P ntha.riddell@uky.edu.P	Phone: 218-2021 Phone: 218-2012		
"If already approved for DL, the Distance Learning Form must also be submitted unless the department affirms (by checking this box ) that the proposed not affect DL delivery.    Full Title:	a. b. c.*	□ Inquiry - Nat/Math/P □ Inquiry - Social Scie □ Composition & Con General Information  Submitted by the Colleg Department/Division: Is there a change in "ow □ Yes ⑨ No If YES  * Contact Person Name * Responsible Faculty If Requested Effective Da Designation and Descri	hys Sci inces inmunications are of: PUBLI whership" of the i, what college i: D (if different incess) te:	Statistical Inferential R. U.S. Citizenship, Comu -1 Global Dynamics  C HEALTH  Master Health Administre course?  Andrea Perkins from Contact) Martha Riddell  Semester Foll  Diposed Course.	easoning munity, Diversity  stration  rse instead? Sel  Email: an  Email: ma  owing Approval	ect drea.perkins@uky.edu.F irtha.riddell@uky.edu.F OR S	Phone: 218-2021 Phone: 218-2012		
not affect DL delivery.  b. Full Title:  SPECIAL TOPICS IN HEALTH ADMINISTRATION  Proposed Title:  Proposed Title:  SPEC TOPS IN HLTH ADMIN  C. Proposed Transcript Title (if full title is more than 40 characters):  Same  Currently Cross listed with (Profix 8.	a. b. c.*	□ Inquiry - Nat/Math/P □ Inquiry - Social Scie □ Composition & Con General Information  Submitted by the Colleg Department/Division: Is there a change in "ow □ Yes ⑨ No If YES  * Contact Person Name * Responsible Faculty If Requested Effective Da Designation and Descri	hys Sci inces inmunications are of: PUBLI whership" of the i, what college i: D (if different incess) te:	Statistical Inferential R. U.S. Citizenship, Comu -1 Global Dynamics  C HEALTH  Master Health Administre course?  Andrea Perkins from Contact) Martha Riddell  Semester Foll  Diposed Course.	easoning munity, Diversity  stration  rse instead? [Sel  Email: an  Email: ma  owing Approval	ect drea.perkins@uky.edu F irtha.riddell@uky.edu F OR S	Phone: 218-2021 Phone: 218-2012		
b. Full Title:    Proposed Title:	a. b. c.*	□ Inquiry - Nat/Math/P □ Inquiry - Social Scie □ Composition & Con General Information Submitted by the Colleg Department/Division: Is there a change in "ow ○ Yes ③ No If YES  * Contact Person Name * Responsible Faculty II Requested Effective Da Designation and Description	rhys Sci nnces nmunications re of: PUBLI rnership" of th i, what college : D (if different if te: ription of Pro	Statistical Inferential R. U.S. Citizenship, Comi I Global Dynamics  C HEALTH  Master Health Administration of the course?  Andrea Perkins from Contact) Martha Riddell  Semester Foll  Oposed Course.	easoning munity, Diversity  stration  ree instead? [Sel Email: an Email: ma owing Approval	ect  drea.perkins@uky.edu.F  intha.riddell@uky.edu.F  OR  S  proved for DL*	Phone: 218-2021 Phone: 218-2012 pecific Term: <sup>2</sup> Fall	2016	
b. Full Title:  C. Current Transcript Title (if full title is more than 40 characters):  SPEC TOPS IN HLTH ADMIN  C. Proposed Transcript Title (if full title is more than 40 characters):  Same	a. b. c.*	□ Inquiry - Nat/Math/P □ Inquiry - Social Scie □ Composition & Con General Information  Submitted by the Colleg Department/Division: Is there a change in "ow □ Yes ® No If YES  * Contact Person Name * Responsible Faculty II Requested Effective Da Designation and Descri	rhys Sci nnces nmunications re of: PUBLI rnership" of th i, what college : D (if different if te: ription of Pro	Statistical Inferential R. U.S. Citizenship, Comi I Global Dynamics  C HEALTH  Master Health Administration of the course?  Andrea Perkins from Contact) Martha Riddell  Semester Foll  Oposed Course.	easoning munity, Diversity  stration  ree instead? [Sel Email: an Email: ma owing Approval	ect  drea.perkins@uky.edu.F  intha.riddell@uky.edu.F  OR  S  proved for DL*	Phone: 218-2021 Phone: 218-2012 pecific Term: <sup>2</sup> Fall	2016	
c. Current Transcript Title (if full title is more than 40 characters):  SPEC TOPS IN HLTH ADMIN  c. Proposed Transcript Title (if full title is more than 40 characters):  Same  Currently Cross listed with (Prefix 8.	a. b. c.*	□ Inquiry - Nat/Math/P □ Inquiry - Social Scie □ Composition & Con General Information  Submitted by the Colleg Department/Division: Is there a change in "ow □ Yes ® No If YES  * Contact Person Name * Responsible Faculty II Requested Effective Da Designation and Descri	hys Sci inces inmunications pe of: PUBLI mership* of th i, what college : D (if different in te: ription of Pro	Statistical Inferential R. U.S. Citizenship, Comu -1 Global Dynamics  C HEALTH  Master Health Administre course? e/department will offer the course from Contact) Martha Riddell  Semester Foll Oposed Course.	easoning munity, Diversity  estration  Free instead? Sel  Email: an  Email: ma  owing Approval	ect  drea.perkins@uky.edu.F  intha.riddell@uky.edu.F  OR  S  proved for DL*	Phone: 218-2021 Phone: 218-2012 pecific Term: <sup>2</sup> Fall y checking this box	2016	
c. Proposed Transcript Title (if tull title is more than 40 characters): Same	a. b. c.* e.* f.*	□ Inquiry - Nat/Math/P □ Inquiry - Social Scie □ Composition & Con General Information Submitted by the Colleg Department/Division: Is there a change in "ow ○ Yes ® No If YES  * Contact Person Name * Responsible Faculty If Requested Effective Da Designation and Description Current Distance Learni *If already approved for Dot affect DL delivery.	hys Sci inces inmunications pe of: PUBLI mership* of th i, what college : D (if different in te: ription of Pro	Statistical Inferential R. U.S. Citizenship, Comu -1 Global Dynamics  C HEALTH  Master Health Administre course? e/department will offer the course from Contact) Martha Riddell  Semester Foll Oposed Course.	easoning munity, Diversity  cliration  rse instead? [Selemail: an Email: mail owing Approval	ect  drea.perkins@uky.edu F  rtha.riddell@uky.edu F  OR S  proved for DL*	Phone: 218-2021 Phone: 218-2012 pecific Term: <sup>2</sup> Fall y checking this box	2016	
Currently Cross listed with (Profix 8.	a. b. c.* e.* f.*	□ Inquiry - Nat/Math/P □ Inquiry - Social Scie □ Composition & Con General Information Submitted by the Colleg Department/Division: Is there a change in "ow ○ Yes ® No If YES  * Contact Person Name * Responsible Faculty If Requested Effective Da Designation and Description Current Distance Learni *If already approved for Dot affect DL delivery.	hys Sci inces inmunications pe of: PUBLI mership* of th i, what college : D (if different in te: ription of Pro	Statistical Inferential R. U.S. Citizenship, Comu -1 Global Dynamics  C HEALTH  Master Health Administre course? e/department will offer the course from Contact) Martha Riddell  Semester Foll Oposed Course.	easoning munity, Diversity  cliration  rse instead? [Selemail: an Email: mail owing Approval	ect  drea.perkins@uky.edu F  rtha.riddell@uky.edu F  OR S  proved for DL*	Phone: 218-2021 Phone: 218-2012 pecific Term: <sup>2</sup> Fall y checking this box	2016	
Currently <sup>3</sup> Cross-listed with (Prefix &	a. b. c.* e.* 2.	□ Inquiry - Nat/Math/P □ Inquiry - Social Scie □ Composition & Con General Information  Submitted by the Colleg Department/Division: Is there a change in "ow □ Yes ® No If YES  * Contact Person Name * Responsible Faculty If Requested Effective Da Designation and Desci  Current Distance Learni  *If already approved for Inot affect DL delivery.  Full Title:	hys Sci inces inmunications are of: PUBLI wership" of the i, what college i: D (if different if te: ription of Pro	Statistical Inferential R. U.S. Citizenship, Comu -1 Global Dynamics  C HEALTH  Master Health Administre course? e/department will offer the course from Contact) Martha Riddell  Semester Foll Diposed Course.	easoning munity, Diversity  estration  Email: an Email: ma owing Approval	ect  drea.perkins@uky.edu F  or OR S  oroved for DL*  de department affirms (b)  Proposed Title; *	Phone: 218-2021 Phone: 218-2012 Pecific Term: <sup>2</sup> Fall  y checking this box	2016	
	a. b. c.* f.* 2.	□ Inquiry - Nat/Math/P □ Inquiry - Social Scie □ Composition & Con General Information Submitted by the Colleg Department/Division: Is there a change in "ow ○ Yes ® No If YES * Contact Person Name * Responsible Faculty If Requested Effective Da Designation and Desc  Current Distance Learni *If already approved for Dot affect DL delivery.  Full Title:  Current Transcript Title	hys Sci nnces nmunications ne of: PUBLI nership* of th i, what college i: D (if different f te: ription of Pro DL, the Distance SPECIAL T	Statistical Inferential R. U.S. Citizenship, Comi U.S. Citizenship, Comi Global Dynamics  C HEALTH  Master Health Administrate course?  Andrea Perkins from Contact) Martha Riddell  Semester Foll Diposed Course.  St.  Ce Learning Form must also be  COPICS IN HEALTH ADMINISTRATE  Semore than 40 characters):	easoning munity, Diversity  stration  rse instead? Sel  Email: and  Email: ma  owing Approval	ect  drea.perkins@uky.edu F  or OR S  oroved for DL*  de department affirms (b)  Proposed Title; *	Phone: 218-2021 Phone: 218-2012 Pecific Term: <sup>2</sup> Fall  y checking this box	2016	
	a. b. c.* f.* 2.	□ Inquiry - Nat/Math/P □ Inquiry - Social Scie □ Composition & Con General Information Submitted by the Colleg Department/Division: Is there a change in "ow ○ Yes ® No If YES * Contact Person Name * Responsible Faculty If Requested Effective Da Designation and Desc  Current Distance Learni *If already approved for Dot affect DL delivery.  Full Title:  Current Transcript Title	hys Sci nnces nmunications ne of: PUBLI nership* of th i, what college i: D (if different f te: ription of Pro DL, the Distance SPECIAL T	Statistical Inferential R. U.S. Citizenship, Comi U.S. Citizenship, Comi Global Dynamics  C HEALTH  Master Health Administrate course?  Andrea Perkins from Contact) Martha Riddell  Semester Foll Diposed Course.  St.  Ce Learning Form must also be  COPICS IN HEALTH ADMINISTRATE  Semore than 40 characters):	easoning munity, Diversity  stration  rse instead? Sel  Email: and  Email: ma  owing Approval	ect  drea.perkins@uky.edu F  rtha.riddell@uky.edu F  OR S  proved for DL*  proved for DL*  Proposed Title: *	Phone: 218-2021 Phone: 218-2012 Pecific Term: <sup>2</sup> Fall  y checking this box  Same	2016	

	Proposed – ADD <sup>2</sup> Cross-listing (Prefix & Number):								
	Proposed – REMOVE 3-1 Cross-listing (Prefix & Number):								
e.	Courses mu	st be described by <u>at lea</u>	st one of the	meeting patter	ns below. Include n	umber of actu	al contact hours <sup>5</sup> for ea	ach meeting patterr	
Curre	ent:	Lecture	Labora	tory <sup>5</sup>	Recitation		Discussion	Indep. Study	
	Clinical Colloquium			ilum	Practicum	-	Research	Residency	
	Seminar Studio				Other	Please explain:			
		Lecture	Labora	torv <sup>5</sup>	Recitation			Indep. Study	
Prop	osed: *	1-3 Clinical	Collogu		Practicum	<u> </u>	Research	Residency	
		Seminar	Studio		, I tudioum		TKCOCCG ST	Trocker of the second of the s	
		Seminai	Studio	·	Other		: Płease expłain:		
f.	Current Grad	ling System:		Graduate Schoo	l Grade Scale				
	Proposed Gra	ading System:*				edical students	will receive a letter grade		
g.	Current num	ber of credit hours:			1 - 3 (variable)		Proposed number of credit hours:*	1-3	
h.*	Currently, is	this course repeatable f	or additional	credit?				Yes ○ No	
*	Proposed to I	ne repeatable for additiona	l credit?					Yes	
	If YES:	Maximum number	of credit hour	s:			6		
	If YES:	Will this course allo	w multiple re	gistrations during	the same semester	7		○ Yes ® No	
+	Proposed Course Description for Bulletin:								
	Same								
								▼ .	
j.		equisites, if any: A Program Status.		<del></del>	<del></del>				
		, , , , , , , , , , , , , , , , , , , ,							
*	Proposed Prerequisites, if any:								
*	Same		Management A and PA and a self-						
								•	
k.	Current Supplementary Teaching Component, if any:						○ Community-Based E ○ Service Learning ○ Both	xperience	

	ed Supplementary Teaching Component:  Community-Based Experience Service Learning Both No Change			
3.	Currently, is this course taught off campus?		○ Yes ᢀ No	
*	Proposed to be taught off campus?		○ Yes ᢀ No	
	If YES, enter the off campus address:			
4.*	Are significant changes in content/student learning outcomes of the course being proposed?		○ Yes ⑨ No	
	If YES, explain and offer brief rationale:			
			₹	
5.	Course Relationship to Program(s).			
a.*	Are there other depts and/or pgms that could be affected by the proposed change?		○ Yes ® No	
	If YES, identify the depts. and/or pgms:	,		
b,*	Will modifying this course result in a new requirement <sup>2</sup> for ANY program?		○ Yes ᢀ No	
	If YES <sup>Z</sup> , list the program(s) here:			
6.	Information to be Placed on Syllabus.			
a.	Check box if changed to 400G- or 500-level course you must send in a syllabus and you undergraduate and graduate students by: (i) requiring additional assignments different grading criteria in the course for graduate students. (See SR 3.1.4.)	must include the differentia by the graduate students;	ation between and/or (ii) establishir	

Dises comment description regarding minor course change. Minor changes are sent directly from dean's office to Senate Council Chair. If Chair deems the change as "not minor," the form will to appropriate academic Council for normal processing and contact person is informed.

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

Signature of the chair of the cross-isking department is required on the Signature Routing Log.

Removing a cross-listing does not drop the other course — it merely unlinks the two courses.

Generally, undergrad courses are developed such that one semester hr of credit represents 1 hr of classroom meeting per wix for a semester, exclusive of any lab meeting. Lab meeting gene least two hrs per wix for a semester for 1 credit hour. (See SR 5.2.1.)

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

If in order to change a program, a program change form must also be submitted.



Department of Health Management and Policy 111 Washington Avenue, Suite 105 Lexington KY 40536-0003 (859) 218-2094 phone (859) 257-2821 fax http://www.mc.nky.edu/PublicHealth

#### MEMORANDUM

TO:

Graduate Council

**University Senate Council** 

**University Senate** 

FROM:

Kathryn Cardarelli, PhD, Associate Dean for Academic

and Student Affairs

Tyrone Borders, PhD, Chair

Martha C. Riddell, DrPH, DGS, MHA Degree

SUBJECT:

Course Numbering Changes

DATE:

May 14, 2015

In an effort to significantly decrease administrative tasks and confusion related to the same course being taught under multiple course numbers, as well as courses not taught in years, we submit this multi-course change proposal to clean up numbering related to these courses.

The intent is to renumber the HA courses used in the Master of Health Administration degree curriculum using CPH prefixes within their own 600-700 numbering sequence.

We submit the course changes as minor based on the following:

- 1. Any changes in number level (e.g., 6XX to 7XX or the reverse) will not involve any change in course content, organization, or rigor;
- 2. Any change in title (there are 4) will not involve any change in course content, organization, or rigor;
- 3. Senate Rule 2 supports all changes as minor.

Once these course number changes are approved, our intent is to submit program changes to replace the old course numbers with the new in the MHA curriculum.

Please feel free to contact either of us, or Andrea Perkins, Academic Affairs Administrator, if additional information is needed.

From: To: Perkins, Andrea L Holsinger, James RE: Shell Brothers

Subject: Date:

Monday, February 10, 2014 2:34:00 PM

Ok, thanks

Andrea Perkins University of Kentucky College of Public Health

From: Holsinger, James

Sent: Monday, February 10, 2014 2:04 PM

**To:** Perkins, Andrea L **Subject:** Sheil Brothers

See below.

From: Brothers, Sheila C

**Sent:** Wednesday, May 15, 2013 5:05 PM **To:** Jackson, Brian A; Holsinger, James

Cc: Lindsay, Jim D.; Timoney, David M; Patterson, Matt

Subject: RE: A Question

Hello – I've CC'd two colleagues in the Registrar's office so they can offer input if they'd like.

If I may, I'd like to rephrase to make sure I understand: there are a plethora of "inherited" course prefixes and numbers now owned by Public Health, and the intent is to streamline both the prefixes and numbers. There may be a few title changes, as well.

Procedurally, I wholeheartedly approve sending in the changes in tabular form, within a few guidelines. As mentioned below, anything other than a title, prefix or number change will be submitted *separately* from the omnibus change. The table will include the current course prefix, number and title, with three additional columns for the proposed prefix, number and title. If there is no title change, that particular cell will have the text "NA."

Something not mentioned – the Registrar's office does not have access to technology that allows for a "global search, copy and paste" mechanism when course prefixes are changed. Therefore, each department/program will need to submit a program change form to get the "new" prefixes into the program descriptions in the Bulletin.

Practically, I have a comment or two. (My apologies if these have already been considered.) It is common practice for each *department* in a college to have its own prefix. For example, the Department of Biology has BIO. There are some rather large, diverse departments, which have a prefix for individual *programs*. This is less common, but still acceptable. For example, the Department of Modern and Classical Languages, Literature and Cultures owns prefixes in GER, CHI, HJS, RUS, etc. Thus, it's worth examining the benefit of having a prefix for each specific department, or for each program.

I can easily see the confusion that will result from (random guess here) converting 100 courses with 6 different prefixes into 100 courses with the same prefix. It will be very, very difficult for college faculty and staff to readily understand which course goes with which program, unless everyone has a cheat sheet to use. ("Okay, so help me remember – is PBH 623 required for the Gerontology program, or is it PBH 632?") Having a unique program identifier (prefix) for courses may also be helpful for students.

If there is still a desire to change all prefixes to one common prefix, I suggest this be done in two phases. The first phase would involve changes to courses, which will start and finish in the 13-14 year, to be effective fall 2015. The second phase will take place upon completion of approval of all course changes – this phase will take place in 14-15, and be where the programs are changed, again for a fall 2015 effective date. I understand that this is a very long time frame, but having sufficient time to be sure one phase is complete prior to the beginning of the next phase is going to take some time. I have worked through a number of program-and-prefix-changes, and it can get very confusing, very quickly.

One other option is to leave the prefixes as is, but concentrate on standardizing the number series from one program to another. This too, however, will require program change forms for each program. If this is done, a program and associated courses can be done in parallel, instead of using the two-phase approach. The parallel approach works here because the courses will be more easily identified.

I am happy to talk on the phone or in person about this further. I do not mean to dissuade you from your original plan of action, but I did want to offer some opinions about possible unintended consequences.

Best regards, Sheila

Staff Representative to the Board of Trustees Office of the Senate Council Phone: (859) 257-5872

From: Jackson, Brian A

Sent: Wednesday, May 15, 2013 3:55 PM

**To:** Brothers, Sheila C **Cc:** Holsinger, James **Subject:** FW: A Question

Hi Sheila:

Dr. Holsinger's proposal would be absolutely fine with Graduate Council; please let us know if it would also work for Senate Council.

Many thanks,

From: Holsinger, James

Sent: Tuesday, May 14, 2013 9:22 AM

To: Jackson, Brian A Subject: A Question

Brian: The College of Public Health has a course prefix and numbering system that is legacy in nature. We took course prefixes and numbers from the College of Medicine, College of Health Sciences, Graduate Center for Gerontology, and the Martin School. I would like to rationalize all of these by moving toward a common College prefix where possible as well as setting up a two tier (600-level, 700-level) numbering system. All of the courses that would be affected would require coming to the Graduate Council. We would probably want to update (modernize) some of the course titles. My questions is - can I do this using a spreadsheet approach where the current course prefix, number, and title are on one side of the spreadsheet with the corresponding recommendation for prefix, number change, and title (same or changed) on the other side? If this makes sense what I would propose would be to submit the spreadsheet with the rationale for what we are doing for approval by the Graduate Council and on to whoever else needs to approve such changes. I think this approach would make it much easier for the Registrar's Office to make the changes when the time comes. We do not anticipate any changes to syllabi or the creation of any new courses. If some courses are cross listed we would recommend making any of those changes through the usual process. Thanks for all of your help! Jim

James W. Holsinger Jr., MD, PhD
Associate Dean for Academic Affairs
Wethington Endowed Chair in the Health Sciences
College of Public Health
111 Washington Avenue, Suite 107
Lexington KY 40536-0003
859-323-6314 (O)
859-257-2821 (FAX)
jwh@uky.edu

## **COURSE CHANGE FORM**

1. G	ieneral Informat	tion						
a. S	ubmitted by the	College	of: Public Health		Today's Date:	5/12/2015		
<b>b.</b> D	epartment/Divi	sion: H	ealth Management a	and Policy				
c. Is	there a change	in "owne	ership" of the course	?	YES 🗌	NO 🛛		
If	YES, what colle	ge/depar	tment will offer the	course instead?				
d. V	Vhat type of cha	nge is be	ing proposed?	Major 🗵	Minor <sup>1</sup>			
<b>e.</b> C	ontact Person N	lame:	Andrea Perkins	Email:	andrea.perkins@u	ıky.edu Phone	218-2021	
f. R	equested Effect	ive Date:	Semester Follo	owing Approval	OR 🗆	Specific Term <sup>2</sup> :	•	
2. D	esignation and	Descripti	on of Proposed Cou	rse				
a. C	urrent Prefix an	d Numbe	er: HA XXX	Proposed Prefi	x & Number:	СРН ХХХ		
b F	ull Title:   <mul< td=""><td>tiple cou</td><td>rses&gt;</td><td>Proposed Title:</td><td><multiple course<="" td=""><td>s&gt;</td><td></td></multiple></td></mul<>	tiple cou	rses>	Proposed Title:	<multiple course<="" td=""><td>s&gt;</td><td></td></multiple>	s>		
c. C	urrent Transcrip	ot Title (il	full title is more tha	n 40 characters):	<multiple< td=""><td>courses&gt;</td><td></td></multiple<>	courses>		
c. P	roposed Transcr	ipt Title (	if full title is more th	an 40 characters)	: <multiple< td=""><td>courses&gt;</td><td></td></multiple<>	courses>		
d. C	urrent Cross-list	ting: 🔀	N/A OR Cu	rrently Cross-liste	ed with (Prefix & Nu	mber):		
Р	roposed - AD	DD Cross-	listing (Prefix & Num	ber):				
	roposed - 🔲 Re Iumber):	move <sup>3,4</sup>	Cross-listing (Prefix &	}				
	_		d by <u>at least one</u> of nd pattern type. <n< td=""><td></td><td>erns below. Include</td><td>number of actu</td><td>al contact</td></n<>		erns below. Include	number of actu	al contact	
Currei	nt: Lec	cture L	aboratory <sup>5</sup>	Recitation	Discussi	on	Indep. Study	
	Cl	inical	Colloquium	Practicum	Researc	h	Residency	
	Seminar		Studio	Other – Please	explain:			
Propo	osed: Led	cture	Laboratory	Recitation	Discussi	on	Indep. Study	
	Cli	nical	Colloquium	Practicum	Researc	h	Residency	
	Seminar		Studio	Other – Please	explain:			
Does t	he course change	include pi	oposed to fulfill a UKC	ore requirement?	Yes No			
If	YES, check the ar	eas that a	pply and attach a com	pleted Cover Sheet	and Area of Inquiry F	orm:		
	Inquiry - Arts & Creativity Inquiry - Humanities			Composition & Communications - II				
				Quantitative Foundations				
	Inquiry	y - Nat/Ma	ath/Phys Sci	Statistica	al Inferential Reasonir	ng		

#### **COURSE CHANGE FORM**

	Inquiry - Social Sciences  U.S. Citizenship, Community	y, Diversity		
	Composition & Communications - I Global Dynamics			
f.		Pass/Fail		
	Proposed Grading System: \(\simeg \) Letter (A, B, C, etc.)	Pass/Fail		
g.	Current number of credit hours: Proposed number of credit ho	urs:		
L.	Currently, is this course repeatable for additional credit?	Υŧ	ES 📗 🔠	NO 🗌
h.	Proposed to be repeatable for additional credit?	YE	s 🗌 💮 🛮	vo 🗌
	If YES: Maximum number of credit hours:			
	If YES: Will this course allow multiple registrations during the same semeste	er? YE	s 🗌 🛮 🖊	vo 🗌
i.	Current Course Description for Bulletin: <multiple courses=""></multiple>			
	Proposed Course Description for Bulletin: <multiple courses=""></multiple>			
j.	Current Prerequisites, if any: <multiple courses=""></multiple>			
	Proposed Prerequisites, if any: <multiple courses=""></multiple>			
k.	Current Distance Learning (DL) Status:   □N/A □Already approved for DL*	☐Please A	dd <sup>6</sup>	ease Drop
	*If already approved for DL, the Distance Learning Form must also be submitted <u>unless</u> the this box () that the proposed changes do not affect DL delivery.	ie department	affirms (by c	hecking
l.	Current Supplementary Teaching Component, if any:   Community-Based Experie	nce Se	rvice Learning	☐Both
	Current Supplementary Teaching Component, if any:	nce Se	rvice Learning	☐Both
3.	Currently, is this course taught off campus?	YE	s 🗌 💮 🖍	vo 🖂
	Proposed to be taught off campus?	YE	s 🗌 💮 🖍	vo 🖂
4.	Are significant changes in content/teaching objectives of the course being prop	osed? YE	s 🗌 💮 🖊	vo 🖂
	If YES, explain and offer brief rationale:		i .	
5.	Course Relationship to Program(s)			
a.	Are there other departments and/or programs that could be affected by the propos	sed change?	YES 🗌	NO 🖂
	If YES, identify the departments and/or programs			
b.	Will modifying this course result in a new requirement <sup>7</sup> for ANY program?	Y	ES 🗌 💮 🖊	vo 🖂
	If YES <sup>7</sup> , list the program(s) here:			
6. a.	Information to be Placed on Syllabus.  Check box if Changed to 400G or 500  The graduate students; and/or (ii) establishing different grading crit students. (See SR 3.1.4)	(i) requiring ad	ditional assig	

<sup>3</sup>Signature of the chair of the cross-listing department is required on the Signature Routing Log.

<sup>&</sup>lt;sup>1</sup>See comment description regarding minor course change. *Minor changes are sent directly from dean's office to Senate Council Chair.* If Chair deems the change as "not minor," the form will be sent to appropriate Council for normal processing and contact person is informed.

<sup>2</sup>Courses are typically made effective for the semester following approval. No course will be made effective until all approval are received.

#### **COURSE CHANGE FORM**

<sup>6</sup>You must *also* submit the Distance Learning Form in order for the course to be considered for DL delivery.

#### Narrative:

The purpose of this request is to transition all courses associated with the Masters of Health Administration (MHA) program from the "HA" to the "CPH" prefix. More specifically, the request involves simultaneously dropping seventeen HA courses (HA 601, HA 602, HA 603, HA 604, HA 621, HA 623, HA 624, HA 628, HA 635, HA 636, HA 637, HA 642, HA 660, HA 711, HA 673, HA 775, HA 785); adding thirteen CPH courses (CPH 681, CPH 682, CPH 683, CPH 684, CPH 687, CPH 688, CPH 780, CPH 781, CPH 782, CPH 784, CPH 785, CPH 787, CPH 788); and retitling four existing CPH courses (CPH 600, CPH 652, CPH 655, CPH 658).

The four existing CPH courses (CPH 600, CPH 652, CPH 655, CPH 658) are required courses of Masters of Public Health – Population Health Policy & Management concentration (MPH-PHP&M). The MPH-PHP&M program is also administratively housed in the College of Public Health Department of Health Management & Administration. MPH-PHP&M faculty and staff members are aware of and support this request. Once the course titles have been changed, the MPH-PHP&M students will be informed of the new course titles during academic advising sessions. The program website and other written material (e.g., handbooks and advising forms) will also be updated.

 $<sup>^4</sup>$ Removing a cross-listing does not drop the other course – it merely unlinks the two courses.

<sup>&</sup>lt;sup>5</sup>Generally, undergrad courses are developed such that one semester hr of credit represents 1 hr of classroom meeting per wk for a semester, exclusive of any lab meeting. Lab meeting generally represents at least two hrs per wk for a semester for 1 credit hour. (See SR 5.2.1)

<sup>&</sup>lt;sup>7</sup>In order to change a program, a program change form must also be submitted.