

APPLICATION FOR NEW COURSE

1. Submitted by the College of Arts and Sciences Date: 2.12.08

Department/Division proposing course: Judaic Studies

2. Proposed designation and Bulletin description of this course:

a. Prefix and Number HJS 326

b. Title* The Jewish Experience in America

*If title is longer than 24 characters, write a sensible title (24 characters or less) for use on transcripts:

c. Courses must be described by at least one of the categories below. Include the number of actual contact hours per week for each category, as applicable.

- () CLINICAL () COLLOQUIUM () DISCUSSION () LABORATORY (3) LECTURE () INDEPEND. STUDY () PRACTICUM () RECITATION () RESEARCH () RESIDENCY () SEMINAR () STUDIO () OTHER - Please explain:

d. Please choose a grading system: [X] Letter (A, B, C, etc.) [] Pass/Fail

e. Number of credit hours: 3

f. Is this course repeatable? YES [] NO [X] If YES, maximum number of credit hours:

g. Course description:

An investigation of the history, literature, and situation of Jewish life in America

h. Prerequisite(s), if any:

i. Will this course be offered through Distance Learning? YES [] NO [X]

If YES, please circle one of the methods below that reflects how the majority of the course content will be delivered:

- Internet/Web-based Interactive video Extended campus Kentucky Educational Television (KET/teleweb) Other

Please describe "Other":

3. Teaching method: [X] N/A or [] Community-Based Experience [] Service Learning Component [] Both

4. To be cross-listed as: Prefix and Number Signature of chair of cross-listing department

5. Requested effective date (term/year): Fall / 2008

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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. If the course is 400G- or 500-level, you must include a syllabus showing differentiation 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 SR 3.1.4)

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

Name: Oliver Leaman Phone: 3-2272 Email: oliver.leaman@uky.edu

20. Signatures to report approvals:

2.12.08 DATE of Approval by Department Faculty	oliver leaman printed name	/ Reported by Department Chair	_____ signature
DATE of Approval by College Faculty	/ printed name	Reported by College Dean	_____ signature
Approval UC 9/30/08 * 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*. (<http://www.uky.edu/USC/New/RulesandRegulationsMain.htm>)