

# CHANGE UNDERGRADUATE PROGRAM FORM

## 1. General Information

College: Education Department: KHP  
 Current Major Name: Kinesiology Proposed Major Name: same  
 Current Degree Title: \_\_\_\_\_ Proposed Degree Title: \_\_\_\_\_  
 Formal Option(s): Teacher Certification Proposed Formal Option(s): same  
 Specialty Field w/in Formal Option: \_\_\_\_\_ Proposed Specialty Field w/in Formal Options: \_\_\_\_\_  
 Date of Contact with Associate Provost for Academic Administration<sup>1</sup>: \_\_\_\_\_  
 Bulletin (yr & pgs): \_\_\_\_\_ CIP Code<sup>1</sup>: \_\_\_\_\_ Today's Date: 9/30/10  
 Accrediting Agency (if applicable): \_\_\_\_\_  
 Requested Effective Date:  Semester following approval. OR  Specific Date<sup>2</sup>: \_\_\_\_\_  
 Dept. Contact Person: Heather Erwin Phone: 859-257-5311 Email: heather.erwin@uky.edu

## 2. University Studies Requirements or Recommendations for this Program.

	Current	Proposed
I. Mathematics	_____	_____
II. Foreign Language	_____	_____
III. Inference-Logic	_____	_____
IV. Written Communication	ENG 104 or Honors	_____
V. Oral Communication	Suspended through Fall 2009	<i>Suspended through Fall 2009</i>
VI. Natural Sciences	_____	_____
VII. Social Sciences	_____	_____
VIII. Humanities	_____	_____
IX. Cross-Cultural	_____	_____
X. USP Electives (3 must be outside the student's major)	_____	_____

## 3. Explain whether the proposed changes to the program (as described in sections 4 to 12) involve courses offered by another department/program. Routing Signature Log must include approval by faculty of additional department(s).

N/A

## 4. Explain how satisfaction of the University Graduation Writing Requirement will be changed.

Current	Proposed
<input type="checkbox"/> Standard University course offering.	<input type="checkbox"/> Standard University course offering.

<sup>1</sup> Prior to filling out this form, you MUST contact the Associate Provost for Academic Administration (APAA). If you do not know the CIP code, the (APAA) can provide you with that during the contact.

<sup>2</sup> Program changes are typically made effective for the semester following approval. No program will be made effective until all approvals are received.

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List: _____	List: _____
<input type="checkbox"/> Specific course – list: _____	<input type="checkbox"/> <i>Specific course) – list:</i> _____

**5. List any changes to college-level requirements that must be satisfied.**

<p><i>Current</i></p> <input type="checkbox"/> Standard college requirement. List: _____	<p><i>Proposed</i></p> <input type="checkbox"/> <i>Standard college requirement.</i> List: _____
<input type="checkbox"/> Specific required course – list: _____	<input type="checkbox"/> <i>Specific course – list:</i> _____

**6. List pre-major or pre-professional course requirements that will change, including credit hours.**

<i>Current</i> _____	<i>Proposed</i> _____
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**7. List the major’s course requirements that will change, including credit hours.**

<i>Current</i> <u>KHP 147 (1 credit hour)</u> <u>KHP 154 (1 credit hour)</u>	<i>Proposed</i> <u>remove KHP 147 (1 credit hour)</u> <u>remove KHP 154 (1 credit hour)</u>
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**8. Does the pgm require a minor AND does the proposed change affect the required minor?**  N/A  Yes  No  
If “Yes,” indicate current courses and proposed changes below.

<i>Current</i> _____	<i>Proposed</i> _____
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**9. Does the proposed change affect any option(s)?**  N/A  Yes  No  
If “Yes,” indicate current courses and proposed changes below, including credit hours, and also specialties and subspecialties, if any.

<i>Current</i> _____	<i>Proposed</i> _____
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**10. Does the change affect pgm requirements for number of credit hrs outside the major subject in a related field?**  Yes  No  
If so, indicate current courses and proposed changes below.

<i>Current</i> _____	<i>Proposed</i> _____
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**11. Does the change affect pgm requirements for technical or professional support electives?**  Yes  No  
If so, indicate current courses and proposed changes below.

<i>Current</i> _____	<i>Proposed</i> _____
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**12. Does the change affect a minimum number of free credit hours or support electives?**  Yes  No  
If “Yes,” indicate current courses and proposed changes below.

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Current

Proposed

**13. Summary of changes in required credit hours:**

	<b>Current</b>	<b>Proposed</b>
a. Credit Hours of Premajor or Preprofessional Courses:	_____	_____
b. Credit Hours of Major's Requirements:	_____	_____
c. Credit Hours for Required Minor:	_____	_____
d. Credit Hours Needed for a Specific Option:	_____	_____
e. Credit Hours Outside of Major Subject in Related Field:	_____	_____
f. Credit Hours in Technical or Professional Support Electives:	_____	_____
g. Minimum Credit Hours of Free/Supportive Electives:	_____	_____
h. Total Credit Hours Required by Level:	100: _____	_____
	200: _____	_____
	300: _____	_____
	400-500: _____	_____
i. Total Credit Hours Required for Graduation:	_____	_____

**14. Rationale for Change(s) – if rationale involves accreditation requirements, please include specific references to that.**

Given the loss of a dance faculty member, we have fewer resources to offer dance-related courses in KHP. Previous dance courses were more performance-oriented; we are changing the focus to a more teaching-oriented approach. Students majoring in Kinesiology: Teacher Certification are required to complete 128 hours for graduation. This minor program change would reduce the total number of credit hours from 128 to 126.

**15. List below the typical semester by semester program for the major. If multiple options are available, attach a separate sheet for each option.**

YEAR 1 – FALL: (e.g. "BIO 103; 3 credits")	YEAR 1 – SPRING:
YEAR 2 - FALL :	YEAR 2 – SPRING:
YEAR 3 - FALL:	YEAR 3 - SPRING:
YEAR 4 - FALL:	YEAR 4 - SPRING:

# CHANGE UNDERGRADUATE PROGRAM FORM

## Signature Routing Log

**General Information:**

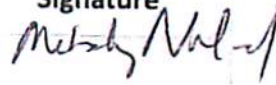


Current Degree Title and Major Name: \_\_\_\_\_

Proposal Contact Person Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**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
KHP	10/4/10	Melody Noland / 257-5826 / melody.noland@uky.edu	
C+C Committee	10/25/10	Douglas C. Smith / 257-1824 / dcsmit7@uky.edu	
Ed. faculty	11/9/10	Steve Parker / 257-8847 / spark@1@uky.edu	
		/ /	
		/ /	

**External-to-College Approvals:**

Council	Date Approved	Signature	Approval of Revision <sup>3</sup>
Undergraduate Council	2/1/2011		
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:  
\_\_\_\_\_

<sup>3</sup> Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.