Brothers, Sheila C

From: Hippisley, Andrew R

Sent: Sunday, February 03, 2013 1:40 PM

To: Brothers, Sheila C Cc: Jones, Davy

Subject: RE: Library sciences suspension

Sheila,

Revised agenda item:

This is a recommendation that the University Senate approve the suspension of admission into an existing graduate program: Master of Arts in Library Sciences, in the School of Library & Information Sciences within the College of Communication and Information.

PROGRAM SUSPENSION/DELETION FORM

1. General Information

| College: College of Commun | ication and Information | Department: | School of Library and Information Science | |
|---|--|--|---|--|
| Major Name: <u>Library Science</u> | And the second s | Degree Title: MA, | | |
| Formal Option(s), Options A & B if any: | | Specialty Field w/in Formal Options, if any: | | |
| CIP Code: <u>25.0101</u> | Toda | y's Date: <u>9/</u> 2 | <u> 18/2012</u> | |
| Requested Effective Date: S | emester following appro | oval. OR | Specific Date ¹ : Spring 2013 | |
| Contact Person in the Dept: Will | Buntin Phone | e: <u>859-257-3</u> | 317 Email: will.buntin@uky.edu | |
| 2. Suspension/Deletion Info Nature of action: Suspension Rationale for suspension/deletion: | Faculty voted to sus approximately 600 of the MA degree. Fac employable informa | graduates (in re ulty believe the ation profession | program. Reviewing past years, out of oughly six years), one student has pursued one MS program is sufficient for graduating onals. | |
| What provisions are being made fo | r students already in the | *************************************** | Students currently enrolled who have opted for the MA will be grandfathered in and allowed to complete the requirements for the MA. | |
| Will another degree program repla | ce the one suspended/d | eleted? <u>No</u> | | |
| Will courses connected with the pro- | | | Yes* ☐ No ⊠ | |

¹ Suspensions/deletions are made effective for the semester following approval. No suspension/deletion will be made effective unless all approvals, up through and including Board of Trustees approval, are received.

PROGRAM SUSPENSION/DELETION FORM

Signature Routing Log

General Information:

Proposal Name:

Suspension of LIS MA Plans A & B

Proposal Contact Person Name:

Will Buntin

Phone: <u>7-3317</u>

Email: will.buntin@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 |
|---|---------------|-----------------------------------|-----------|
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| CF Council | 912212 | Dan O A/80290 chair Dulayed | On OH |
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External-to-College Approvals:

| Council | Date Approved | Signature | Approval of Revision ² |
|------------------------------|-------------------|---|-----------------------------------|
| Undergraduate Council | | | |
| Graduate Council | Dr. Brian A. Jack | Digitally signed by Dr. Brian A. Jackson DN: cn=Dr. Brian A. Jackson, o=University of Kentucky, ou=Graduate School, email, c=Us | |
| Health Care Colleges Council | | Date: 2012.11.16 13:09:45 -05'00' | |
| Senate Council Approval | Ur | niversity Senate Approval | |

| Comments: | | | |
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² Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.