

CHANGE MASTERS DEGREE PROGRAM FORM

1. GENERAL INFORMATION

College:	Fine Arts	Department:	School of Art and Visual Studies	
Current Major Name:	Art History and Visual Studies	Proposed Major Name:	same	
Current Degree Title:	MA	Proposed Degree Title:	same	
Formal Option(s):		Proposed Formal Option(s):		
Specialty Fields w/in Formal Option:		Proposed Specialty Fields w/in Formal Options:		
Date of Contact with Associate Provost for Academic Administration ¹ :				
Bulletin (yr & pgs):	2013, 90-92	CIP Code ¹ :	50.0703	Today's Date: May 2 2014
Accrediting Agency (if applicable):	NASAD			
Requested Effective Date:	<input checked="" type="checkbox"/> Semester following approval.		OR	<input type="checkbox"/> Specific Date ² :
Dept. Contact Person:	Alice Christ	Phone:	7-2303	Email: alice.christ@uky.edu

2. CHANGE(S) IN PROGRAM REQUIREMENTS

		<u>Current</u>	<u>Proposed</u>
1.	Number of transfer credits allowed (Maximum is Graduate School limit of 9 hours or 25% of course work)		<i>same</i>
2.	Residence requirement (if applicable)		<i>same</i>
3.	Language(s) and/or skill(s) required		<i>same</i>
4.	Termination criteria		<i>same</i>
5.	Plan A Degree Plan requirements ³ (thesis)		<i>same</i>
6.	Plan B Degree Plan requirements ³ (non-thesis)	30 hours course work	<i>36 hours course work</i>
7.	Distribution of course levels required (At least one-half must be at 600+ level & two-thirds must be in organized courses.)	15 hrs at 600+	<i>18 hrs at 600+</i>
8.	Required courses (if applicable)		
9.	Required distribution of courses within program (if applicable)	up to 9 hrs in cognate fields	<i>no change</i>
10.	Final examination requirements	Comprehensive Exam	<i>Defense of Portfolio of 3 Course Final Products</i>
11.	Explain whether the proposed changes to the program (as described in sections 1 to 10) involve courses		

¹ 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.

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

³ If there is only one plan for the degree, plans involving a thesis (or the equivalent in studio work, etc.) should be discussed under Plan A and those not involving a thesis should be discussed under Plan B.

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	offered by another department/program. <u>Routing Signature Log must include approval by faculty of additional department(s).</u>
	no
12.	List any other requirements not covered above?
	no change
13.	Please explain the rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.
	Plan B Program assessments have shown that Comprehensive Exam does not reflect actual course of study, which is more focussed on written exploration of art historical problems than on survey of data. Selection and defense of 3 final course products will allow degree candidates to synthesize their research experience and explain its place in their professional growth. 6 hours additional course work in Art History and Visual Studies increases experience of art historical problems and opportunities to produce acceptable final course products.

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Signature Routing Log

General Information:



Proposal Name: A-HVS change in MA

Proposal Contact Person Name: Alice Christ Phone: 7-2303 Email: alice.christ@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
SAVS faculty	May 2, 2014	Rob. Jensen / 7-2303 / robert.jensen@uky.edu	
CFA Curriculum Committee	Sept. 12, 2014	Anna Brzyski / 7-2291 / anna.brzyski@uky.edu	
		/ /	
		/ /	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁴
Undergraduate Council			
Graduate Council	10/24/14	<i>Roshan Nikou</i>	
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

⁴ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.