

MEMORANDUM

TO: University Senate Council
FROM: Deborah Slaton
Associate Dean for Research and Graduate Studies
TOPICS: Request for Change in Masters Degree Program
DATE: November 23, 2009

The faculty of the College of Education approves and is requesting Graduate Council consideration of the following:

Request for Change in Masters Degree Program: MA Education, Secondary Education (with initial teacher certification)

Attachments

REQUEST FOR CHANGE IN MASTERS DEGREE PROGRAM

1. GENERAL INFORMATION

College:	Education	Department:	Curriculum & Instruction
Current Major Name:	Secondary Education (with initial teacher certification)	Proposed Major Name:	Same
Current Degree Title:	M.A. Education	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):	2009 p. 146	CIP Code ¹ :	
		Today's Date:	10/08/09
Accrediting Agency (if applicable):	NCATE		
Requested Effective Date:	<input checked="" type="checkbox"/> Semester following approval.		OR <input type="checkbox"/> Specific Date ² :
Dept. Contact Person:	Douglas Smith	Phone:	859 576-4628
		Email:	dcsmit1@email.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)	6	6
2.	Residence requirement (if applicable)		
3.	Language(s) and/or skill(s) required		
4.	Termination criteria	Master's Exam	<i>Master's Exam</i>
5.	Plan A Degree Plan requirements ³ (thesis)	no	<i>no</i>
6.	Plan B Degree Plan requirements ³ (non-thesis)	33	33
7.	Distribution of course levels required (At least one-half must be at 600+ level & two-thirds must be in organized courses.)	unchanged	<i>unchanged</i>
8.	Required courses (if applicable)	unchanged	<i>unchanged</i>
9.	Required distribution of courses within program (if applicable)	24 credit hours of required education courses and 6 credit hours of content electives and 3 credit hours of education electives	<i>24 credit hours of required education hours and 9 graduate credit hours of electives</i>

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.

REQUEST FOR CHANGE IN MASTERS DEGREE PROGRAM

10.	Final examination requirements	yes	yes
11.	Explain whether the proposed changes to the program (as described in sections 1 to 10) involve courses 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?		
13.	Please explain the rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.		
	The current program electives are 6 credit hours of content and 3 credit hours of education. The proposed change is to 9 graduate electives. The change is necessary because the program is full-time day and content electives, such as science, often come from programs that are also full-time day. Another problem is that teachers may need enhanced coursework in critical topics in education such as special education or assessment that go beyond 1 course. The additional flexibility would also allow all 9 of the electives to be in content.		

Mary C. Shaker 10/19/09

REQUEST FOR CHANGE IN MASTERS DEGREE PROGRAM

Signature Routing Log

General Information:

Proposal Name: MIC Electives

Proposal Contact Person Name: Douglas Smith Phone: _____ Email: dcsmi1@email.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
Curriculum & Instruction	10/19/09	Mary Shake 7-0767 mcshak1@uky.edu	Mary C. Shake
Courses & Curricula	10/29/09	Jeff Reese 7-4909 jeff.reese@uky.edu	Jeff Reese
College of Education	11/10/09	Deborah Slaton 7-9795 deborah.slaton@uky.edu	Deborah Slaton
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		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁴
Undergraduate Council			
Graduate Council		Jammie Blackwell	
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.