# **REQUEST FOR CHANGE IN MASTERS DEGREE PROGRAM**

#### **1. GENERAL INFORMATION**

College: Fine A	Fine Arts Department: Art and Visual Studies		l Visual Studies
Current Major Name	Art History & Visual Studies	Proposed Major Name:	Art History & Visual Studies
Current Degree Title:	Master of Arts	Proposed Degree Title:	Master of Arts
Formal Option(s):	Thesis Option; Non-Thesis Option	Proposed Formal Optio	n(s): Thesis Option; Non-Thesis Option
Specialty Fields w/in Formal Option:	none	Proposed Specialty Fiel w/in Formal Options:	ds
Date of Contact with	Associate Provost for Academic A	dministration <sup>1</sup> : 01/17/1	4
Bulletin (yr & pgs):	90-92 CIP Code <sup>1</sup> :	50.0703 To	day's Date: 01/10/14
Accrediting Agency (i	f applicable): SACS		
Requested Effective	Date: 🛛 🛛 Semester following ap	oproval. OR S	pecific Date <sup>2</sup> :
Dept. Contact Persor	: Anna Brzyski	Phone: 618 559 0059	Email: anna.brzyski@uky.edu

### 2. CHANGE(S) IN PROGRAM REQUIREMENTS

		Current	Proposed
1.	Number of transfer credits allowed (Maximum is Graduate School limit of 9 hours or	25% of course work)	
2.	Residence requirement (if applicable)		
3.	Language(s) and/or skill(s) required	foreign language competency in German and one other language (French often recommended) ** The foreign language competency requirement may be satisfied by any of the means established by the Graduate School.	foreign language competency in one language ** The foreign language competency requirement may be satisfied by any of the means established by the Graduate School.
4.	Termination criteria		
5.	Plan A Degree Plan requirements <sup>3</sup> (thesis)		
6.	Plan B Degree Plan requirements <sup>3</sup> (non-thesis)		
7.	Distribution of course levels required (At least one-half must be at 600+ level & two-th	irds must be in organized cours	es.)

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

<sup>&</sup>lt;sup>3</sup> 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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8.	Required courses (if applicable)
9.	Required distribution of courses within program (if applicable)
10.	Final examination requirements
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>
	ΝΟ
12.	List any other requirements not covered above?
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13.	Please explain the rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.
	One foreign language requirement has become standard for Art History MA programs nationally. German and French are no longer considered required for MA in Art History.

# REQUEST FOR CHANGE IN MASTERS DEGREE PROGRAM Signature Routing Log

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General	Inform	ation:
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Proposal Name: Art History and Visual Studies

Proposal Contact Person Name:	Anna Brzyski	Phone: <u>257-</u> 2291	Email: anna brzyski@uky.edu
		2291	

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	
School of Art & Visual 01/10/14 Studies		Robert Jensen / 257-8151 / robert.jensen@uky.edu		
CFA Curriculum Committee	01/28/14	Anna Brzyski / 257-2291 / anna.brzyski@uky.edu	Q hyli	
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### External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision <sup>4</sup>
Undergraduate Council			
Graduate Council	3/6/14	Roshan Nikou	
Health Care Colleges Council		· · · ·	
Senate Council Approval		University Senate Approval	

### Comments:

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