## REQUEST FOR CHANGE IN MASTERS DEGREE PROGRAM

## 1. GENERAL INFORMATION



## 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 ${ }^{3}$ (thesis) |  |  |
| 6. | Plan B Degree Plan requirements ${ }^{3}$ (non-thesis) |  |  |
| 7. | Distribution of course levels required <br> (At least one-half must be at $600+$ level \& two-thirds must be in organized courses.) |  |  |
|  |  |  |  |

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| 8. | Required courses (if applicable) |
| :--- | :--- | :--- |
| 9. | Required distribution of courses within <br> 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 <br> offered by another department/program. Routing Signature Log must include approval by faculty of additional <br> department(s). |
|  | NO |
| 12. | List any other requirements not covered above? |
|  | NO |
| 13. | Please explain the rationale for changes. If the rationale involves accreditation requirements, please include <br> specific references to those requirements. |
|  | One foreign language requirement has become standard for Art History MA programs nationally. German and <br> French are no longer considered required for MA in Art History. |

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## Signature Routing Log

## General Information:

Proposal Name: Art History and Visual Studies

Proposal Contact Person Name: Anna Brzyski
Phone: 2572291

Email: anna.brzyski@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) | Signatupe |
| :--- | :---: | :---: | :---: |
| School of Art \& Visual <br> Studies | $01 / 10 / 14$ | Robert Jensen /257-8151/ <br> robert.jensen@uky.edu | Anna Brzyski/257-2291/ <br> anna.brzyski@uky.edu |
| CFA Curriculum Committee | $01 / 28 / 14$ | $/ / 1$ | $/$ |
|  |  | $/$ | $/$ |

## External-to-College Approvals:

| Council | Date Approved | Signature | Approval of <br> Revision |
| :---: | :---: | :---: | :---: |
| Undergraduate Council |  | Coshan N/Cou |  |
| Graduate Council | $3 / 6 / 14$ |  |  |
| Health Care Colleges Council |  |  |  |
| Senate Council Approval |  |  |  |

Comments:

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[^0]:    ${ }^{1}$ 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.

[^1]:    ${ }^{4}$ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.

