

CHANGE MASTERS DEGREE PROGRAM FORM

1. GENERAL INFORMATION			
College:	College of Public Health	Department:	Health Management & Policy
Current Major Name:	Master of Health Administration	Proposed Major Name:	same
Current Degree Title:	MHA	Proposed Degree Title:	same
Formal Option(s):	n/a	Proposed Formal Option(s):	n/a
Specialty Fields within Formal Option:	n/a	Proposed Specialty Fields within Formal Option:	n/a
Date of Contact with Associate Provost for Academic Administration: ¹			
Bulletin (yr & pgs):	CIP Code: ¹	51.0701	Today's Date: 9-28-15
Accrediting Agency (if applicable):	CEPH and CAHME		
Requested Effective Date:	<input checked="" type="checkbox"/> Semester following approval or <input type="checkbox"/> Specific Date: ²		F
Department Contact Person:	Andrea Perkins	Phone: 859-218-2021	Email: andrea.perkins@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)	9	9
2.	Residence requirement (if applicable)	n/a	n/a
3.	Language(s) and/or skill(s) required	n/a	n/a
4.	Termination criteria – n/a		
5.	Plan A Degree Plan requirements ³ (thesis)	n/a	n/a
6.	Plan B Degree Plan requirements ³ (non-thesis)	54	54
7.	Distribution of course levels required (At least one-half must be at 600+ level & two-thirds must be in organized courses.)	n/a	n/a
8.	Required courses (if applicable)	CPH 614, CPH 663, HA 601, HA 602, HA 603, HA 604, HA 621, HA 623, HA 624, HA 628, HA 635, HA 636, HA 637, HA 642, HA 660, HA 673, HA 711, HA 785 5 hours of electives	CPH 600, CPH 682, CPH 681, CPH 687, CPH 663, CPH 684, CPH 688, CPH 655, CPH 658, CPH 683, CPH 614, CPH 780, CPH 781, CPH 785, CPH 652, CPH 787, CPH 782, CPH 784, 5 hours of electives
9.	Required distribution of courses within program (if applicable)	n/a	n/a
10.	Final examination requirements	n/a	n/a
11.	Explain whether the proposed changes to the program (as described in sections 1 to 10) involve courses offered by another department/program. Routing Signature Log must include approval by faculty of additional department(s).		
	<i>None of the proposed changes involve courses offered by another department.</i>		

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¹Prior 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.

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

³If 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.

12.	List any other requirements not covered above.
13.	Please provide a rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.
	<i>The purpose of this request is to transition all courses associated with the Masters of Health Administration (MHA) program from the "HA" to the "CPH" prefix.</i>

SIGNATURE ROUTING LOG

General Information:

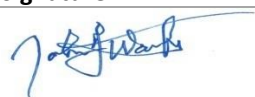
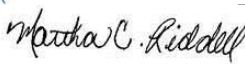
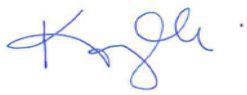
Proposal Name: Program Change - MHA

Proposal Contact Person Name: Andrea Perkins Phone: 218-2021 Email: andrea.perkins@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
Academic Affairs Committee	10/8/15	John Watkins/218-0240/john.watkins@uky.edu	
Faculty Council	10/27/15	Martha Riddell/218-2012/martha.riddell@uky.edu	
Academic Dean-Public Health	10/30/15	Kathryn Cardarelli/218-0241/Kathryn.cardarelli@uky.edu	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁶
Undergraduate Council			
Graduate Council			
Health Care Colleges Council	11/17/2015	Reny De Leeuw	
Senate Council Approval		University Senate Approval	

Comments:

⁶ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.