

College of Education

Office of the Associate Dean Research and Graduate Studies 107 Taylor Education Building Lexington, KY 40506-0001 Phone: (859) 257-9795 Fax: (859) 323-1365

The College of Education has approved and submits for consideration the following:

Application for Change in Doctoral Degree Program Educational Leadership Studies Bulletin pp 159-160

Change Instruction and Supervision, EDD to Education Doctorate (EdD). Educational Leadership.

Rationale for changes

When we submitted documents to change our department name from "Administration and Supervision" to "Educational Leadership Studies" several years ago, we failed to submit required documents to change our EdD program. No other changes in program are requested at this time.

UNIVERSITY OF KENTUCKY REQUEST FOR CHANGE IN DOCTORAL DEGREE PROGRAM

Program: Educational	Leadership Studies		
Department/Division:	Educational Leadership and Studies		
College:	College of Education	Bulletin pp.:	159-160
Degree title(Old):	Instruction and Supervision, E	Degree (New):	Title Education Doctorate (EdD), Educational Leadersh
CIP Code:	13.0401		
Accrediting agency (if	applicable): Southern Association	on of Colleges	and Universities
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I. PROPOSED CHA	NGE(S) IN PROGRAM REQUIREMEN	TS ,	
		Current	Proposed
			The state of the s
1. Number of transfer	credits allowed 0		No change
2. Residence requirem	uent		No change
(minimum of one Exams)			and the second s
3. Language(s) and/or	skill(s) required Non		No strange
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		Management (Management)	
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4. Provisions for moni and termination criti		to the state of th	No change
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5. Total credit hours re	equired (if applicable)		No change
6. Required courses (i	if applicable)		
			The second secon
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7. Required distribution	on of courses within program		
(if applicable)			No change
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Baratan kanada kanada ing kanada k	ses outside program required		and the state of t
(if applicable)			No change
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9.Distribution of cours (400G-500/600-700)	ses levels required		No change
	\$		
10. Qualifying examin	ration romiromente		No disease
10. Ananthing evalua	immen coduttenicius		/ wai 5,0 400 (500
	that changes in 6, or 8, above involve additing to the availability of such courses.	ional courses in othe	r programs, please include documentation from

UNIVERSITY OF KENTUCKY REQUEST FOR CHANGE IN DOCTORAL DEGREE PROGRAM

11. Other requirements not covered above	
II. RATIONALE FOR CHANGE(S) If the rationale involves accreditation requirements, please include specific references to those	requirements.
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Signatures of Approval:	Lan Brile
Date of Approval by Department Faculty	Reported by Department Chair
Date of Approval by College Faculty	Reported by College Dean
*Date of Approval by Undergraduate Council	Reported by Undergraduate Council Chair
*Date of Approval by Graduate Council	Reported by Graduate Council Chair
*Date of Approval by Health Care Colleges Council (HCCC)	Reported by HCCC Chair
*Date of Approval by Senate Council	Reported by Senate Council Office
*Date of Approval by University Senate *If applicable, as provided by the Rules of the University Senate	Reported by Senate Council Office

Rev 07/06