

February 14, 2008

**MEMORANDUM** 

TO:

**Graduate Council** 

FROM: Deborah Slaton, Associate Dean

Research and Graduate Studies

Re: Attached

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

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

Change Master of Education, School Administration to Master of Education (MEd). 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 MEd program. No other changes in program are requested at this time.

College of Education Office of the Associate Dean

Lexington, KY 40506-0001 Phone: (859) 257-9795 Fax: (859) 323-1365

Research and Graduate Studies 107 Taylor Education Building

FEB 2 0 2008

## UNIVERSITY OF KENTUCKY REQUEST FOR CHANGE IN MASTERS DEGREE PROGRAM

Prog	gram:		Educational Leadership Studies		an ann an	and the state of t
Dep	artment	/Division:	Educational Leadership and Studies	2014 - 100 COSSO		
Coll	ege:		College of Education	Bulletin pp	159-160	THE REPORT OF THE PROPERTY OF
Deg	ree Titl	e (Old):	Master of Education, School Administration	Major (New):	Master of Educati	on (MEd). Educational Leadership
	Code:		13.0401			
Acc	rediting	; Agency (i	f applicable): NCATE & Southern A	ssociation o	f Colleges and	d Universities
ĭ.	CI	HANGE(S	) IN PROGRAM REQUIREMENTS			
				Ω	<u>irreni</u>	Proposed
	1.		of transfer credits allowed : School limit: 9 hours or 25% of rk)	- ng ng		No change
	2.		requirement (if applicable)	Annumum control of the control of th		No change
	3.	Language	(s) and/or skill(s) required			No change
	4.	Terminat	ion criteria		4444	No change
	<b>5</b> .	Plan A re	quirements*			NO change
	6.	Plan B re	quirements*			N/A
	7.	(At least	ion of course levels required one half must be at 600+ level & two thirds n organized courses)			NO change
	8.		courses (if applicable)		SSASSE CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT	No change
				**************************************		
	9.		distribution of courses within program	***************************************		No change
		(if applic	auic)			
	10.	Final exa	mination requirements			NO change
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NOTE: To the extent that proposed changes in 5, 6 or 8 above involve the addition of courses in other programs, please submit correspondence from the other program(s) pertaining to the availability of such courses to your students.

<sup>\*</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.

## UNIVERSITY OF KENTUCKY REQUEST FOR CHANGE IN MASTERS DEGREE PROGRAM

PAGE 2 of 2

II.	RATIONALE FOR CHANGE(S)  If the rationale involves accreditation requirements, please include specific references to those requirements.				
	When we submitted documents to change our department name from "Administration and Supervision" to "Educational Leadership Studies"				
	several years ago, we falled to submit required documents to change the name of our MEd program. No other changes in program are requested at this time.				
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	**************************************				
Sig	natures of Approval:				
Sig	Date of Approval by Department Faculty	Reported by Department Chair			
Sig	Date of Approval by Department Faculty	County Stata			
Sig		Reported by Department Chair  Reported by College Dean			
Sig	Date of Approval by Department Faculty	County Stata			
Sig	Date of Approval by College Faculty  Date of Approval by College Faculty	County Stata			
Sig	Date of Approval by College Faculty  Date of Approval by Undergraduate Council	Reported by College Dean			
Sig	Date of Approval by College Faculty  Date of Approval by College Faculty	Reported by College Dean			
Sig	Date of Approval by Department Faculty  2/12/08  Date of Approval by College Faculty  *Date of Approval by Undergraduate Council  2/28/08	Reported by Undergraduate Council C			
Sig	Date of Approval by Department Faculty  2/12/08  Date of Approval by College Faculty  *Date of Approval by Undergraduate Council  2/28/08  *Date of Approval by Graduate Council  *Date of Approval by Health Care Colleges Council (HCCC)	Reported by College Dean  Reported by Undergraduate Council Concept Council Character			
Sig	Date of Approval by Department Faculty  2/12/08  Date of Approval by College Faculty  *Date of Approval by Undergraduate Council  2/28/08  *Date of Approval by Graduate Council	Reported by College Dean  Reported by Undergraduate Council Company  Reported by Graduate Council Characteristics  Reported by Graduate Council Characteristics			
Sig	Date of Approval by Department Faculty  2/12/08  Date of Approval by College Faculty  *Date of Approval by Undergraduate Council  2/28/08  *Date of Approval by Graduate Council  *Date of Approval by Health Care Colleges Council (HCCC)	Reported by College Dean  Reported by Undergraduate Council Concept Council Character			