

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 Masters Degree Program Educational Leadership Studies Bulletin pp 159-160

Change Specialist in Education, School Administration to Specialist in Education (EdS). 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 EdS. program. No other changes in program are requested at this time.

UNIVERSITY OF KENTUCKY REQUEST FOR CHANGE IN MASTERS DEGREE PROGRAM

Program:			Educational Leadership Studies				
Department/Division:		/Division:	Educational Leadership and Studies				
College:			College of Education	Bulletin pp	159-160		
Degree Title (Old):			Specialist in Education, School Administration	Major (New):	Specialist in Education (EdS), Educational Leadership		
CIP Code:			13.0401	HEGIS Code:	Occupant and an analysis of the second		
Accı	rediting	Agency (if	applicable): NCATE & Southern A	ssociation o	f Colleges and	Universities	
1.	CF	IANGE(S)	IN PROGRAM REQUIREMENTS				
	~~	-		Çı	urent	Proposed	
	l.		of transfer credits allowed			No change	
		(Graduate coursewor	School limit: 9 hours or 25% of k)				
	2.	Residence	requirement (if applicable)			No Change	
	3. Language		(s) and/or skill(s) required	<u></u>		No change	
			**				
4	4.	. Terminatio	on criteria	Mero Precedenti della contra del		- No change	

5.		Plan A rec	ements*	· · · · · · · · · · · · · · · · · · ·		No change	
			•				
	6. Plan B rec		quirements*	ARTHUR (CONTROL - CONTROL - CO		N/A	

	7.	Distributio	on of course levels required	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	No change	
**		(At least o	one half must be at 600+ level & two thirds on organized courses)				
	8.		courses (if applicable)	***************************************	······································	No change	
	w.	**************************************	management for aditionary and	***************************************			
	9.	Parisinal.	distribution of courses within program	**************************************		No change	
у.		(if applica					
	10.	Tripy al 4200 00	mination requirements	tan dagan sa ang kanang ka	en an	No change	
	10.	rmai exan				1.27 21.181.337	

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.

^{*} 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

11. Any other requirements not covered above				
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 several years ago, we falled to submit required documents to change the name of our EdS progre				
Signatures of Approval: 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	Reported by Senate Council Office			
*If applicable, as provided by the Rules of the University Senate				