### **CHANGE MASTERS DEGREE PROGRAM FORM**

#### 1. GENERAL INFORMATION

College:	College	of Education		Departr	nent:	Curriculum and Instruction		
Current Major Name: Instructional Systems Design		Proposed Major Name:						
Current Degree Title:		Masters of Science in		Proposed Degree Title:				
		Education						
Formal Option(s): face to face delivery			Propose	Proposed Formal Option(s): 100% online delivery				
Specialty Fields w/in				Propose	Proposed Specialty Fields			
Formal Option	ı:			w/in Fo	w/in Formal Options:			
Date of Contact with Associate Provost for Academic Administration <sup>1</sup> :								
Bulletin (yr &	ogs):	2013, p. 70	CIP Code <sup>1</sup> :	13.0501		Today	's Date:	12/17/2013
Accrediting Agency (if applicable):								
Requested Effective Date: Semester following approval. OR Specific Date <sup>2</sup> :								
Dept. Contact	Person:	Gary J. Anglin		Phone:	257-5	972	Email:	ganglin@uky.edu

### 2. CHANGE(S) IN PROGRAM REQUIREMENTS

		<u>Current</u>	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		
4.	Termination criteria		
5.	Plan A Degree Plan requirements <sup>3</sup> (thesis)		
6.	Plan B Degree Plan requirements <sup>3</sup> (non-thesis)		
7.	Distribution of course levels required		
	(At least one-half must be at 600+ level & two-th	irds must be in organized cou	ırses.)
8.	Required courses (if applicable)		Eliminate STA 570 option
9.	Required distribution of courses within program (if applicable)		
10.	Final examination requirements		Substitute portfiolio requirement to face to face and online program

<sup>&</sup>lt;sup>1</sup> 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.

<sup>&</sup>lt;sup>2</sup> Program changes are typically made effective for the semester following approval. No changes will be made effective until all approvals are received.

<sup>&</sup>lt;sup>3</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.

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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).
	STA 570 will be dropped as an option as it is not offered online and the content is covered by EDP/ EPE 557
12.	List any other requirements not covered above?
13.	Please explain the rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.
	The practice in the field across the country is to offer an online masters degree option. As the only Instructional Systems Design masters degree program in Kentucky, it should made available to all citizens of the Commonwealth.

#### **CHANGE MASTERS DEGREE PROGRAM FORM**

Signature Routing Log

### **General Information:**

Proposal Name: <u>Instructional Systems Design, Masters program, online option</u>

Proposal Contact Person Name: Gary J. Anglin

Phone: 2575972

Email: ganglin@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	
Curriculum and Instruction	12/17/2013	Laurie Henry / 257-7399 / LaurieHenry@uky.edu		
College of Education Curriculum Committe	2/17/14	Doug Smith/7-1824/dcsmit1@uky.edu		
		/ /		
		/ /		
		/ /		

## **External-to-College Approvals:**

Council	Date Approved	Signature	Approval of Revision <sup>4</sup>
Undergraduate Council			
Graduate Council	4/11/14	Roshan Nikou	
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:		

<sup>&</sup>lt;sup>4</sup> Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.