# REQUEST FOR CHANGE IN MASTERS DEGREE PROGRAM

		INFORMATION

College	e: Communications & Information Studies	Department: Sc	hool of Library &	Information Science
Curren	t Major Name: Library Science	Proposed Major No	ame:	
Curren	t Degree Title: MSLS	Proposed Degree T	ītle:	
Formal	l Option(s):	Proposed Formal C		***************************************
Special	Ity Fields w/in		Martiness of the Control of the Cont	
1	Option:	Proposed Specialty w/in Formal Option		_
Date o	f Contact with Associate Provost for Academic Ad	ministration <sup>1</sup> : May	y 11, 2010	
Bulletir	n (yr & pgs): CIP Code <sup>1</sup> : 2	25.0101	Today's Date:	May 11, 2010
Accred	iting Agency (if applicable): American Library A	T   1971   India la la minora programa de la		
	p i the Committee of th	<ul> <li>adds - and diploma years are a recommended and adaptive reprise to the last -</li> </ul>	1	
			J Specific Date <sup>2</sup> :	NO PARTICULAR AND
Dept. C	Contact Person: Dr. Jeffrey Huber	Phone: 859-257-2	:334 Email:	jeffrey.huber@uky.edu
2. CHA	NGE(S) IN PROGRAM REQUIREMENTS	. •		
fundamental management		Currer	it :	<u>Proposed</u>
1.	Number of transfer credits allowed		PROPERTY OF THE PROPERTY OF TH	Management committee to the second control of the second control o
·	(Maximum is Graduate School limit of 9 hours of	or 25% of course wo	·k)	The state of the s
2.	Residence requirement (if applicable)			
3.	Language(s) and/or skill(s) required			
4.	Termination criteria		1 1	
5.	Plan A Degree Plan requirements <sup>3</sup> (thesis)	*		
6.	Plan B Degree Plan requirements <sup>3</sup> (non-thesis)			
7.				al managarista de la calaquada per esta en esta en esta en el forta de la calaqua en esta en el managarista de La calaqua en el calaqua e
/.	Distribution of course levels required  (At least one-half must be at 600+ level & two-t	hirds must be in org	anized courses.)	
8.	Required courses (if applicable)			
9.	Required distribution of courses within			
Terbestrhaltuntramen arassanan	program (if applicable)			
10.	Final examination requirements	Written E	xam	Portfolio
11.	Explain whether the proposed changes to the p offered by another department/program, Routi	rogram (as described	d in sections 1 to	10) involve courses

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

received.

3 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

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	NA	· · · · · · · · · · · · · · · · · · ·				
12.	List any other requirements not covered above?					
Special control of the control of th	NA CONTRACTOR OF THE PROPERTY			, to to the contribution		
13.	Please explain the rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.					
	The final examination portfolio provides an opportuthe field based on course work as well as practical effocus more on an area of special interest, it also producing job interviews to showcase examples of wor	experience. Because the por ovides graduating students v	tfolio allows for student with a product they can	ts to		

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Proposal Name:

SLIS Final Examination Requirement Change

**Proposal Contact Person Name:** 

Dr. Jeffrey Huber

Phone: <u>7-2334</u>

Email: jeffrey.huber@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
School of Library & Info Sci	5/7/10	Det Huber 7-1334 officer - huber Ger	wedn Deller
College of Comm & Info Stu	10/13/10	R an o' fant 218-6290 OHAIROU	y Ban O'Han
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### **External-to-College Approvals:**

Council	Date Approved	Signature	Approval of Revision <sup>4</sup>
Undergraduate Council			
Graduate Council			ere i e e e e e e e e e e e e e e e e e
Health Care Colleges Council			HALLES SERVICE CONTRACTOR OF THE SERVICE SERVI
Senate Council Approval		University Senate Approval	

Comments:		N.
	омильный общинальный пивонивы (формация от приментивы) поветим общення поветим общення поветим общення поветим	

<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.