# REQUEST FOR CHANGE IN MASTERS DEGREE PROGRAM

## 1. GENERAL INFORMATION

ation Department: EDSRC						
Rehabilitation Counseling	Proposed Major	· Name:				
Master of Rehabilitation Counseling	Proposed Degre	e Title:				
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	Proposed Specialty Fields w/in Formal Options:					
Date of Contact with Associate Provost for Academic Administration <sup>1</sup> : November 2009						
CIP Code <sup>1</sup> :	51,2310	Today's Date:	November 23, 2009			
Accrediting Agency (if applicable): Council on Rehabilitation Education						
Requested Effective Date: Semester following approval. OR Specific Date <sup>2</sup> :						
Ralph Crystal	Phone: 7-827!	5 Email	: crystal@uky.edu			
2. CHANGE(S) IN PROGRAM REQUIREMENTS						
n de la company de la comp		<u>rrent</u>	Proposed			
The state of the s	Rehabilitation Counseling  Master of Rehabilitation Counseling  ssociate Provost for Academic	Rehabilitation Counseling  Master of Rehabilitation Counseling  Proposed Degree Counseling  Proposed Format  Proposed Special  Win Formal Op  Sociate Provost for Academic Administration 1:  CIP Code 1: 51,2310  Applicable): Council on Rehabilitation Education  Inte: Semester following approval.  Ralph Crystal  Phone: 7-8275  RAM REQUIREMENTS	Rehabilitation Counseling  Master of Rehabilitation Counseling  Proposed Degree Title:  Counseling  Proposed Formal Option(s):  Proposed Specialty Fields w/in Formal Options:  Sociate Provost for Academic Administration : November 2009  CIP Code : 51,2310 Today's Date:  Applicable: Council on Rehabilitation Education  Ate: Semester following approval.  Ralph Crystal  Phone: 7-8275 Email			

2. CII,	THOU (D) HAT HOUSE HE HE WELL !!		
		Current	<u>Proposed</u>
1.	Number of transfer credits allowed		
	(Maximum is Graduate School limit of 9 hours or	25% of course work)	usyn ganner o and 11). (proposition or modellische (1). (proposition (1). 11). (proposition (1). (prop
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2.	Residence requirement (if applicable)		**************************************
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3.	Language(s) and/or skill(s) required		
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4.	Termination criteria		and the state of t
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5.	Plan A Degree Plan requirements <sup>3</sup> (thesis)		
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6.	Plan B Degree Plan requirements <sup>3</sup> (non-thesis)		and the state of t
	on any ang		94-40-1-40-1-1-40-1-40-1-40-1-40-1-40-1-
7.	Distribution of course levels required	and the state of t	
	(At least one-half must be at 600+ level & two-th	nirds must be in organized cours	es.)
y			
8.	Required courses (if applicable)	RC 560 (Campus), RC 530, (2	RC 560 (campus and DL), RC
		credits)	530 (3 credits), RC 670 (new
		credits)	course)
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9.	Required distribution of courses within		
	program (if applicable)		The state of the s
	garanian and a same and		
10.	Final examination requirements		
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<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

<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.

REQUEST FOR CHANGE IN MASTERS DEGREE PROGRAM

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).
	None
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12.	List any other requirements not covered above?
***************************************	None
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13.	Please explain the rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.
***************************************	The proposed changes are being requested to comply with new accreditation requirements by the rehabilitation counseling program's accreditation body, the Council on Rehabilitation Education.

### REQUEST FOR CHANGE IN MASTERS DEGREE PROGRAM

Signature Routing Log

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Proposal Name: Change in Masters of Rehabilitation Counseling

Proposal Contact Person Name: Ralph Crystal

Phone: 7-8275 Email: CV 15tal @ UCY. elu

#### **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	
FOSEC Facultu	10/1/09	Debra Harley 17-7199 DHARLODGEMINI	Depa A Hinly	
Courses & Curricula	12/3/09	Jeff Reese/7-4909 jeff, reestankyeda	CHR.	
College of Education	12/8/09	Deborah Slaten 7-9795 dslaten auky.edu	Debal State	
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### **External-to-College Approvals:**

Council	Date Approved	Signature	Approval of Revision <sup>4</sup>
Undergraduate Council	and the second s		ryanian kara sarahan dalah 183 mili karapan dalah 1800 mili karapan dalah 1800 mili karapan dalah 1800 mili ka
Graduate Council			androly (promos remember (property)
Health Care Colleges Council			ganes s s 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Senate Council Approval		University Senate Approval	egge ppeners of the second of

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.