

## REQUEST FOR CHANGE IN MASTERS DEGREE PROGRAM

### 1. GENERAL INFORMATION

College:	Education	Department:	EDSRC
Current Major Name:	Rehabilitation Counseling	Proposed Major Name:	
Current Degree Title:	Master of Rehabilitation Counseling	Proposed Degree Title:	
Formal Option(s):		Proposed Formal Option(s):	
Specialty Fields w/in Formal Option:		Proposed Specialty Fields w/in Formal Options:	
Date of Contact with Associate Provost for Academic Administration <sup>1</sup> :		November 2009	
Bulletin (yr & pgs):	CIP Code <sup>1</sup> :	Today's Date:	November 23, 2009
Accrediting Agency (if applicable):		Council on Rehabilitation Education	
Requested Effective Date:	<input checked="" type="checkbox"/> Semester following approval.	OR	<input type="checkbox"/> Specific Date <sup>2</sup> :
Dept. Contact Person:	Ralph Crystal	Phone:	7-8275
		Email:	crystal@uky.edu

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

		<u>Current</u>	<u>Proposed</u>
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-thirds must be in organized courses.)		
8.	Required courses (if applicable)	RC 560 (Campus), RC 530, (2 credits)	RC 560 (campus and DL), RC 530 (3 credits), RC 670 (new course)
9.	Required distribution of courses within program (if applicable)		
10.	Final examination requirements		

<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.

<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. <u>Routing Signature Log must include approval by faculty of additional department(s).</u>
	None
12.	List any other requirements not covered above?
	None
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.

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## Signature Routing Log

**General Information:**

Proposal Name: Change in Masters of Rehabilitation Counseling

Proposal Contact Person Name: Ralph Crystal

Phone: 7-8275 Email: crystal@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
FDSE Faculty	10/1/09	Debra Harley 17-7199 / DHALE00@email	Debra Harley
Courses & Curricula	12/3/09	Jeff Reese 17-4909 jeff.reese@uky.edu	Jeff Reese
College of Education	12/8/09	Deborah Slaton 7-9795 dslaton@uky.edu	Deborah Slaton
		/ /	
		/ /	

**External-to-College Approvals:**

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

Comments:

<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.