



UNIVERSITY OF KENTUCKY

February 8, 2010

Department of Family Studies
College of Agriculture
315 Funkhouser Building
Lexington, KY 40506-0054
(859) 257-7750
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MEMORANDUM

To: Dean M. Scott Smith

From: Ronald Werner-Wilson

A handwritten signature in black ink that reads "Ronald Werner-Wilson". The signature is written in a cursive style.

RE: Department Name Change

Faculty members in the Department of Family Studies voted to change the name of the department on April 3, 2009 to the Department of Family Science. At the present time, we are in the process of realigning all of the program names to Family Science (the name of the undergraduate major was previously changed to Family Science).

Faculty members voted unanimously on April 3, 2009 to change the name of the department.

MAR 29 2010

UNIVERSITY SENATE ROUTING LOG

Proposal Title: Name Change for MS & Ph.D in Family Studies to Family "Science"

Contact Person (name, email & phone #): Donna R. Smith donnarsmith@uky.edu 859-257-7733

Instruction: To facilitate the processing of this proposal please identify the groups or individuals reviewing the proposal, identify a contact person for each entry, provide the consequences of the review (specifically, approval, rejection, no decision and vote outcome, if any) and please attach a copy of any report or memorandum developed with comments on this proposal.

Reviewed by: (Chairs, Directors, Faculty Groups, Faculty Councils, Committees, etc.)	Contact person Name (phone/email)	Consequences of Review:	Date of Proposal Review	Review Summary Attached? (yes or no)
Curriculum Committee and Department Faculty	Donna R. Smith donnarsmith@uky.edu 859-257-7733	Approved	4/3/09	Yes
Graduate Curriculum Comm, Coll of Ag & Sch of HES	Larry J. Graboy lgraboy@agrsci.uky.edu 257-1835	Approved	3/5/10	No

**UNIVERSITY OF KENTUCKY
REQUEST FOR CHANGE IN MASTERS DEGREE PROGRAM**

Program: Masters in Family Studies

Department/Division: Department of Family Studies

College: Agriculture Bulletin pp 185-188

Degree Title (Old): MS in Family Studies Major (New): MS in Family Science

CIP Code: _____ HEGIS Code: _____

Accrediting Agency (if applicable): _____

I. CHANGE(S) IN PROGRAM REQUIREMENTS

	<u>Current</u>	<u>Proposed</u>
1. Number of transfer credits allowed (Graduate School limit: 9 hours or 25% of coursework)		N/A
2. Residence requirement (if applicable)		N/A
3. Language(s) and/or skill(s) required		N/A
4. Termination criteria		N/A
5. Plan A requirements*		N/A
6. Plan B requirements*		N/A
7. Distribution of course levels required (At least one half must be at 600+ level & two thirds must be in organized courses)		N/A
8. Required courses (if applicable)		N/A
9. Required distribution of courses within program (if applicable)		N/A
10. Final examination requirements		N/A

* 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.

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.

11. Any other requirements not covered above

II. RATIONALE FOR CHANGE(S)

If the rationale involves accreditation requirements, please include specific references to those requirements.

The purpose of this proposal is to change our Masters degree program in Family Studies to Family "Science". We are in the process of changing our department name to Family "Science" as well. This program change will create consistency among all programs in FAM and eliminate confusion of having (2) different degree titles.

Signatures of Approval:

April 3, 2009

Date of Approval by Department Faculty

March 5, 2010

Date of Approval by College Faculty

David J. Wain

Reported by Department Chair

Larry J. Mahan

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

ACTION OTHER THAN APPROVAL

UNIVERSITY OF KENTUCKY

REQUEST FOR CHANGE IN DOCTORAL DEGREE PROGRAM

Program: Family Studies Ph.D Program			
Department/Division: Family Studies			
College: Agriculture	Bulletin pp.: 186-188		
Degree title(Old): Ph.D. in Family Studies	Degree (New):	Title	Ph.D in Family Science
CIP Code:			
Accrediting agency (if applicable):			

I. PROPOSED CHANGE(S) IN PROGRAM REQUIREMENTS		
	<u>Current</u>	<u>Proposed</u>
1. Number of transfer credits allowed		N/A
2. Residence requirement (minimum of one year before and after Qualifying Exams)		N/A
3. Language(s) and/or skill(s) required		N/A
4. Provisions for monitoring progress and termination criteria		N/A
5. Total credit hours required (if applicable)		N/A
6. Required courses (if applicable)		N/A
7. Required distribution of courses within program (if applicable)		N/A
8. Minor area or courses outside program required (if applicable)		N/A
9. Distribution of courses levels required (400G-500/600-700)		N/A
10. Qualifying examination requirements		N/A
NOTE: To the extent that changes in 6. or 8. above involve additional courses in other programs, please include documentation from the program(s) pertaining to the availability of such courses.		

UNIVERSITY OF KENTUCKY REQUEST FOR CHANGE IN DOCTORAL DEGREE PROGRAM

11. Other requirements not covered above

II. RATIONALE FOR CHANGE(S)

If the rationale involves accreditation requirements, please include specific references to those requirements.

The purpose of this proposal is to change our Doctoral degree program in Family Studies to Family "Science". We are in the process of changing our department name to Family "Science" as well. This program change will create consistency among all programs in FAM and eliminate confusion of having (2) different degree titles.

Signatures of Approval:

April 3, 2009

Date of Approval by Department Faculty

March 22, 2010

Date of Approval by College Faculty

*Date of Approval by Undergraduate Council

*Date of Approval by Graduate Council

*Date of Approval by Health Care Colleges Council (HCCC)

*Date of Approval by Senate Council

*Date of Approval by University Senate

*If applicable, as provided by the Rules of the University Senate

Zachary W. Vile

Reported by Department Chair

Leung J. Heban
Reported by College Dean

Reported by Undergraduate Council
Chair

Reported by Graduate Council Chair

Reported by HCCC Chair

Reported by Senate Council Office

Reported by Senate Council Office