

## Course Information

Date Submitted: 12/4/2012

Current Prefix and Number: MUS - Music , MUS 633 - GRADUATE CLINICAL PLACEMENT

Other Course:

Proposed Prefix and Number: same

What type of change is being proposed?

Major Change

Should this course be a UK Core Course? No

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OFFICE OF THE  
SENATE COUNCIL

## 1. General Information

a. Submitted by the College of: College of Fine Arts

b. Department/Division: Fine Arts - Music

c. Is there a change in 'ownership' of the course? No

If YES, what college/department will offer the course instead: Select...

e. Contact Person

Name: Lori Gooding

Email: lori.gooding@uky.edu

Phone: 323-2905

Responsible Faculty ID (if different from Contact)

Name:

Email:

Phone:

f. Requested Effective Date

Semester Following Approval: Yes OR Effective Semester:

## 2. Designation and Description of Proposed Course

a. Current Distance Learning (DL) Status: N/A

b. Full Title: GRADUATE CLINICAL PLACEMENT IN MUSIC THERAPY

Proposed Title: Same

c. Current Transcript Title: GRADUATE CLINICAL PLACEMENT

Proposed Transcript Title: Same

d. Current Cross-listing: none

Proposed – ADD Cross-listing :

Proposed – REMOVE Cross-listing:

e. Current Meeting Patterns

CLINICAL: 3

Proposed Meeting Patterns

CLINICAL: 1-3 (variable credit)

f. Current Grading System: Graduate School Grade Scale

Proposed Grading System: PropGradingSys

g. Current number of credit hours: 3

Proposed number of credit hours: 1-3

h. Currently, is this course repeatable for additional credit? No

Proposed to be repeatable for additional credit? Yes

If Yes: Maximum number of credit hours: 6

If Yes: Will this course allow multiple registrations during the same semester? No

2i. Current Course Description for Bulletin: This course is directed toward the development of advanced clinical skills in music therapy in an area chosen by the student in consultation with program faculty.

Proposed Course Description for Bulletin: Same

2j. Current Prerequisites, if any: Prereq: Permission of Instructor and satisfactory completion of MUS 433G.

Proposed Prerequisites, if any: Same

2k. Current Supplementary Teaching Component: Both

Proposed Supplementary Teaching Component: No Change

3. Currently, is this course taught off campus? Yes

Proposed to be taught off campus? Yes

If YES, enter the off campus address: This course may be taught on or off-campus based on clinical needs and site availability. Off-campus locations will vary from semester to semester based on student clinical interests. Examples of current off-campus locations include the Child Development Center of the Bluegrass, Fayette County Public Schools, and Richmond Place Senior Living Community.

4. Are significant changes in content/student learning outcomes of the course being proposed? No

If YES, explain and offer brief rationale:

5a. Are there other depts. and/or pgms that could be affected by the proposed change? No

If YES, identify the depts. and/or pgms:

5b. Will modifying this course result in a new requirement of ANY program? No

If YES, list the program(s) here:

6. Check box if changed to 400G or 500: No

## Distance Learning Form

Instructor Name:

Instructor Email:

Internet/Web-based: No

Interactive Video: No

Hybrid: No

1. How does this course provide for timely and appropriate interaction between students and faculty and among students? Does the course syllabus conform to University Senate Syllabus Guidelines, specifically the Distance Learning Considerations?

2. How do you ensure that the experience for a DL student is comparable to that of a classroom-based student's experience? Aspects to explore: textbooks, course goals, assessment of student learning outcomes, etc.

3. How is the integrity of student work ensured? Please speak to aspects such as password-protected course portals, proctors for exams at interactive video sites; academic offense policy; etc.

4. Will offering this course via DL result in at least 25% or at least 50% (based on total credit hours required for completion) of a degree program being offered via any form of DL, as defined above?

If yes, which percentage, and which program(s)?

5. How are students taking the course via DL assured of equivalent access to student services, similar to that of a student taking the class in a traditional classroom setting?

6. How do course requirements ensure that students make appropriate use of learning resources?

7. Please explain specifically how access is provided to laboratories, facilities, and equipment appropriate to the course or program.

8. How are students informed of procedures for resolving technical complaints? Does the syllabus list the entities available to offer technical help with the delivery and/or receipt of the course, such as the Information Technology Customer Service Center (<http://www.uky.edu/UKIT/>)?

9. Will the course be delivered via services available through the Distance Learning Program (DLP) and the Academic Technology Group (ATL)? NO

If no, explain how student enrolled in DL courses are able to use the technology employed, as well as how students will be provided with assistance in using said technology.

10. Does the syllabus contain all the required components? NO

11. I, the instructor of record, have read and understood all of the university-level statements regarding DL.

Instructor Name:

SIGNATURE|SKIPGRAY|Harold R Gray Jr|Dept approval for ZCOURSE\_CHANGE MUS 633|20120904

SIGNATURE|GMASC1|Geraldine Maschio|College approval for ZCOURSE\_CHANGE MUS 633|20121105

SIGNATURE|SKIPGRAY|Harold R Gray Jr|Approval resent to department for ZCOURSE\_CHANGE MUS 633|20121203

SIGNATURE|GMASC1|Geraldine Maschio|College approval for ZCOURSE\_CHANGE MUS 633|20130416

SIGNATURE|ZNNIKO0|Roshan N Nikou|Graduate Council approval for ZCOURSE\_CHANGE MUS 633|20130507

Courses	Request Tracking
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### Course Change Form

https://myuk.uky.edu/sap/bc/soap/rfc?services=

[Open in full window to print or save](#)

Generate F

Attachments:

Upload File

ID	Attachment
<a href="#">Delete</a> 1070	<a href="#">Rationale for Proposed Changes MT courses.docx</a>

First 1 Last

Select saved project to retrieve...  Get New

**NOTE: Start form entry by choosing the Current Prefix and Number (\*denotes required fields)**

<b>Current Prefix and Number:</b>		MUS - Music MUS 633 - GRADUATE CLINICAL PLACEMENT	<b>Proposed Prefix &amp; Number:</b>	same
* What type of change is being proposed?		<input checked="" type="checkbox"/> Major Change <input type="checkbox"/> Major - Add Distance Learning <input type="checkbox"/> Minor - change in number within the same hundred series, except 799 is the same "hundred series" <input type="checkbox"/> Minor - editorial change in course title or description which does change in content or emphasis <input type="checkbox"/> Minor - a change in prerequisite(s) which does not imply a change in content or emphasis, or which is made necessary by the elimination of a prerequisite(s) <input type="checkbox"/> Minor - a cross listing of a course as described above		
Should this course be a UK Core Course? <input type="radio"/> Yes <input checked="" type="radio"/> No				
If YES, check the areas that apply:				
<input type="checkbox"/> Inquiry - Arts & Creativity <input type="checkbox"/> Composition & Communications - II <input type="checkbox"/> Inquiry - Humanities <input type="checkbox"/> Quantitative Foundations <input type="checkbox"/> Inquiry - Nat/Math/Phys Sci <input type="checkbox"/> Statistical Inferential Reasoning <input type="checkbox"/> Inquiry - Social Sciences <input type="checkbox"/> U.S. Citizenship, Community, Diversity <input type="checkbox"/> Composition & Communications - I <input type="checkbox"/> Global Dynamics				
<b>1. General Information</b>				
a. Submitted by the College of:		College of Fine Arts	Submission Date: 12/4/2012	
b. Department/Division:		Fine Arts - Music		
c.* Is there a change in "ownership" of the course?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If YES, what college/department will offer the course instead? Select...				
e.* * Contact Person Name:		Lori Gooding	Email: lori.gooding@uky.edu	Phone: 323-2905
* Responsible Faculty ID (if different from Contact)			Email:	Phone:
f.* Requested Effective Date:		<input checked="" type="checkbox"/> Semester Following Approval	OR	Specific Term: 2
<b>2. Designation and Description of Proposed Course.</b>				
a. Current Distance Learning(DL) Status:		<input checked="" type="radio"/> N/A <input type="radio"/> Already approved for DL* <input type="radio"/> Please Add <input type="radio"/> Please Drop		
*If already approved for DL, the Distance Learning Form must also be submitted <u>unless</u> the department affirms (by checking this box ) that the proposed change will affect DL delivery.				
b. Full Title:		GRADUATE CLINICAL PLACEMENT IN MUSIC THERAPY	<b>Proposed Title: *</b>	Same
c. Current Transcript Title (if full title is more than 40 characters):			GRADUATE CLINICAL PLACEMENT	

c.	Proposed Transcript Title (if full title is more than 40 characters):		Same		
d.	Current Cross-listing:	<input checked="" type="checkbox"/> N/A	OR	Currently <sup>3</sup> Cross-listed with (Prefix & Number):	none
	Proposed – ADD <sup>3</sup> Cross-listing (Prefix & Number):				
	Proposed – REMOVE <sup>3,4</sup> Cross-listing (Prefix & Number):				
e.	Courses must be described by at least one of the meeting patterns below. Include number of actual contact hours <sup>5</sup> for each meeting pattern				
Current:	Lecture	Laboratory <sup>5</sup>	Recitation	Discussion	Indep. Stud
	Clinical 3	Colloquium	Practicum	Research	Residency
	Seminar	Studio	Other	Please explain:	
Proposed: *	Lecture	Laboratory <sup>5</sup>	Recitation	Discussion	Indep. Stud
	Clinical 1-3 (variable credit)	Colloquium	Practicum	Research	Residency
	Seminar	Studio	Other	Please explain:	
f.	Current Grading System:	Graduate School Grade Scale			
	Proposed Grading System:*	<input checked="" type="radio"/> Letter (A, B, C, etc.) <input type="radio"/> Pass/Fail <input type="radio"/> Medicine Numeric Grade (Non-medical students will receive a letter grade) <input type="radio"/> Graduate School Grade Scale			
g.	Current number of credit hours:	3	Proposed number of credit hours:*	1-3	
h.*	Currently, is this course repeatable for additional credit?				<input type="radio"/> Yes <input checked="" type="radio"/> No
*	Proposed to be repeatable for additional credit?				<input checked="" type="radio"/> Yes <input type="radio"/> No
	If YES:	Maximum number of credit hours:	6		
	If YES:	Will this course allow multiple registrations during the same semester?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
i.	Current Course Description for Bulletin:				
	This course is directed toward the development of advanced clinical skills in music therapy in an area chosen by the student in consultation with program faculty.				
*	Proposed Course Description for Bulletin:				
	Same				
j.	Current Prerequisites, if any:				
	Prereq: Permission of Instructor and satisfactory completion of MUS 433G.				
*	Proposed Prerequisites, if any:				
	Same				
*					

k.	Current Supplementary Teaching Component, if any:	<input type="radio"/> Community-Based Experience <input type="radio"/> Service Learning <input checked="" type="radio"/> Both
	Proposed Supplementary Teaching Component:	<input type="radio"/> Community-Based Experience <input type="radio"/> Service Learning <input type="radio"/> Both <input checked="" type="radio"/> No Change
3.	Currently, is this course taught off campus?	<input checked="" type="radio"/> Yes <input type="radio"/> No
*	Proposed to be taught off campus?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If YES, enter the off campus address: This course may be taught on or off-campus based on clinical needs and site availability. Off-campus locations will va		
4.*	Are significant changes in content/student learning outcomes of the course being proposed?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If YES, explain and offer brief rationale:		
5.	Course Relationship to Program(s).	
a.*	Are there other depts and/or pgms that could be affected by the proposed change?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If YES, identify the depts. and/or pgms:		
b.*	Will modifying this course result in a new requirement <sup>2</sup> for ANY program?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If YES <sup>2</sup> , list the program(s) here:		
6.	Information to be Placed on Syllabus.	
a.	<input type="checkbox"/> Check box if <u>changed to</u> 400G or 500.	If <u>changed to</u> 400G- or 500-level course you must send in a syllabus and <i>you must include the differentiation</i> between undergraduate and graduate students by: (i) requiring additional assignments by the graduate students; and/or (ii) est different grading criteria in the course for graduate students. (See SR 3.1.4.)

<sup>1</sup> See comment description regarding minor course change. *Minor changes are sent directly from dean's office to Senate Council Chair.* If Chair deems the change as "not minor," the form will appropriate academic Council for normal processing and contact person is informed.

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

<sup>3</sup> Signature of the chair of the cross-listing department is required on the Signature Routing Log.

<sup>4</sup> Removing a cross-listing does not drop the other course – it merely unlinks the two courses.

<sup>5</sup> Generally, undergrad courses are developed such that one semester hr of credit represents 1 hr of classroom meeting per wk for a semester, exclusive of any lab meeting. Lab meeting gene least two hrs per wk for a semester for 1 credit hour. (See SR 5.2.1.)

<sup>6</sup> You must also submit the Distance Learning Form in order for the course to be considered for DL delivery.

<sup>7</sup> In order to change a program, a program change form must also be submitted.

Submit as New Proposal    Save Current Changes

**Rationale for Proposed Changes to MUS 633 (Advanced Clinical Placement) and MUS 730  
(Independent Work in Music Therapy)**

Proposed Date: September 2012

Proposed by: Lori Gooding

Contact Info: [lori.gooding@uky.edu](mailto:lori.gooding@uky.edu) or 323-2905

Proposed Change: Change the current fixed credits to variable credits

Rationale: Both MUS 633 and MUS 730 are individualized courses that allow students to develop skills specific to their future career goals and objectives. By making the courses variable credit, it would allow the students more flexibility in how they pursue music therapy training, in essence allowing them to target their studies toward their desired career path.

Example: A student who wants to pursue a clinically oriented career path could take MUS 633 for 3 credits, allowing him or her to develop clinical skills in a more targeted manner. However, a student who wants to pursue research may choose to pursue clinical training for 1 credit and instead place more emphasis on research by taking MUS 730 for 2 or 3 credits. As stated earlier, the variable credit option simply allows a more individualized educational approach, ensuring that our students can best prepare for their future career path.

Registration Specifics: The number of hours that each student will register for will be determined by the student's academic advisor in conjunction with the course instructor. Student academic goals and objectives will be taken into consideration when determining the number of credits selected. Course assignments and time commitments will be commiserate with the number of hours for which the student has registered. In other words, students registered for one credit will be given time and assignment commitments consistent with a 1-credit course, whereas students enrolled in a 3-credit course will be asked to participate in a manner consistent with three credits.