CHANGE MASTERS DEGREE PROGRAM FORM

1. GENERAL INFORMATION

College:

Graduate School

Department:

Martin School of Public Policy &

Administration

Current Major Name:

Proposed Major Name:

Current Degree Title:

Master of Publicc Policy

Proposed Degree Title:

same

Formal Option(s):

Requires PA 650 + 1 area of

Proposed Formal Option(s):

Requires 2 area of concentration

classes.

Specialty Fields w/in

Education Policy, Health

Proposed Specialty Fields

Same - Environmental Policy,

Formal Option:

Policy, Tax Policy, etc.

w/in Formal Options:

Agriculture Policy, etc.

Date of Contact with Associate Provost for Academic Administration¹:

Bulletin (yr & pgs):

pp312-314 Grad.

concentration class.

CIP Code¹:

44.999

Today's Date:

9/20/2010

\$10

Accrediting Agency (if applicable): Not yet accredited - too recent

Requested Effective Date:

Semester following approval.

Specific Date²:

Fall 2010

Dept. Contact Person:

Dwight Denison

859-257-5742 Phone:

Email:

Dwight.Denison@uky.ed

2. CHANGE(S) IN PROGRAM REQUIREMENTS

Current

Proposed

1. Number of transfer credits allowed

italistication is Graduate School limit of 9 burgs or 25% of course world

- Residence requirement (if applicable) 2.
- Language(s) and/or skill(s) required 3.
- Termination criteria 4.
- Plan A Degree Plan requirements³ (thesis) 5.
- Plan B Degree Plan requirements³ (non-thesis) 6.
- 7. Distribution of course levels required

(At least one half must be at 600) level & two thirds must be in organized courses.)

Required courses (if applicable) 8.

PA 650

Drop PA 650, instead take a

second course in a policy area

STA 671 Regression and Correlation and

STA 672 Design and

Drop STA 671 & 672. Instead, take PA 621

Prior to Billing out this form, you Mit's contact the Associate Provost for Academic Administration (APAA), if you do not know the CIP code, the APAA consprovide you with that during two contact.

Exceptato changes are equically made diffective for the sent-specialitening approval. No changes will be made effective until all opprovals are

If there is only one plan for the degree, plans mention, a neals for the sourceiver at matte work, str.) should be discussed under Plan A and these that because the in should be discussed order him in

CHANGE MASTERS DEGREE PROGRAM FORM

Analysis of Experiments & 672

Quantitative Methods of Research and PA 795, Quantitative Methods fo r Public Policy

9. Required distribution of courses within program (if applicable)

Administrative Core: 31 hours
Area of Specialization: 3 hrs.

Administrative Core: 28 hrs. Area of Specialization: 6 hours

- 10. Final examination requirements
- 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).

Small drop in enrollment in STA 671 & 672.

- 12. List any other requirements not covered above?
- 13. Please explain the rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.

The PA 650 has evolved into a PHD leve course (PA 750) that is less suitiable for MPP students. We also wanted to provide MPP students a choice for an additional elective policy course within their area of concentration.

CHANGE MASTERS DEGREE PROGRAM FORM

Signature Routing Log

	ED 7/12		2,675	275	
eneral	Inf	orn	nat	ion	:

Proposal Name: MPP - Drop PA 650, STA 671, STA 672

Proposal Contact Person Name:

Dwight Denison

Phone: <u>7-5742</u>

Email: dwight.denison@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/p	hone/email) 🧳	Signature
Millian Host (Piredos)	9/20/10	William Hay 17			any
Milliam Host (Diredos) Dugas Demin I	Des 9/20/10	DWIGHT DENISON 1	5742	duderipo Caky edu	Dought Demon
		1	/	,	
		1	/	ë	

Fxternal-to-College Approvals:

Council

Date Approved

Signature

Approval of Revision⁴

Undergraduate Council

Graduate Council

Health Care Colleges Council

Senate Council Approval

University Senate Approval

Comments:

⁴ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.