

CHANGE MASTERS DEGREE PROGRAM FORM

1. GENERAL INFORMATION			
College:	Public Health	Department:	Health Behavior
Current Major Name:	Public Health	Proposed Major Name:	Public Health
Current Degree Title:	MPH	Proposed Degree Title:	MPH
Formal Option(s):	Health Behavior	Proposed Formal Option(s):	Health Behavior
Specialty Fields within Formal Option:		Proposed Specialty Fields within Formal Option:	
Date of Contact with Associate Provost for Academic Administration: ¹			
Bulletin (yr & pgs):	CIP Code: ¹	Today's Date:	8/25/2015
Accrediting Agency (if applicable):			
Requested Effective Date:	<input checked="" type="checkbox"/> Semester following approval <input type="checkbox"/> Specific Date: ²		or
Department Contact Person:	Corrine Williams	Phone:	257-8108
		Email:	corrine.williams@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 ³ (thesis)		
6.	Plan B Degree Plan requirements ³ (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)	Current HB Area requirements: CPH 643 Measuring Health Behavior CPH 672: Evidence-Based Public Health Planning & Practice CPH 647 Research Methods CPH 648 Eliminating Racial and Ethnic Disparities CPH 763: Ethics for Public Health	Proposed HB Area requirements: CPH 643 Measuring Health Behavior CPH 672: Evidence-Based Public Health Planning & Practice CPH 648 Eliminating Racial and Ethnic Disparities CPH 763: Ethics for Public Health CPH 746: Research Methods and Program Evaluation for

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			Health Behavior (pending approval)
9.	Required distribution of courses within program (if applicable)		
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).		
	N/A		

¹Prior 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.

²Program changes are typically made effective the semester following approval. No changes will be made effective until all approvals are received.

³If 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.

12.	List any other requirements not covered above.
13.	Please provide a rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.
	In the current curriculum, health behavior students are not gaining much-needed skills in research methods specific to their likely career paths. Specifically, this includes additional skills in program evaluation and more understanding of grant writing. We are proposing a departmental-specific Research Methods Course to better meet the needs of Health Behavior students. The total number of hours required for the MPH is not altered by this program change.

SIGNATURE ROUTING LOG

General Information:

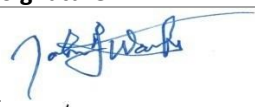

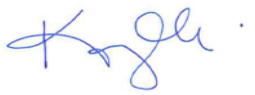
Proposal Name: Program Change - MPH

Proposal Contact Person Name: Andrea Perkins Phone: 218-2021 Email: andrea.perkins@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
Academic Affairs Committee	10/8/15	John Watkins/218-0240/john.watkins@uky.edu	
Faculty Council	10/27/15	Martha Riddell/218-2012/martha.riddell@uky.edu	
Academic Dean-Public Health	10/30/15	Kathryn Cardarelli/218-0241/Kathryn.cardarelli@uky.edu	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁶
Undergraduate Council			
Graduate Council			
Health Care Colleges Council	11/17/2015	Reny De Leeuw	
Senate Council Approval		University Senate Approval	

Comments:

⁶ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.