### **CHANGE MASTERS DEGREE PROGRAM FORM**

#### 1. GENERAL INFORMATION

College:		College of Business mics ("Gatton")	s &	Departn	nent:	MBA Cer	nter	
Current Major Name:		Business Administration		Proposed Major Name:		No change		
-	, , , , , , , , , , , , , , , , , , , ,							
Current Degree Title:		Master of Business		Proposed Degree Title:		: No change		
Ü		Administration		,	l l l l l l l l l l l l l l l l l l l			
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Formal Option(s):			Proposed Formal Option(s): No change					
				-				
Specialty Fields w/in			Propose	Proposed Specialty Fields No change				
Formal Option:					w/in Formal Options:		No ch	ange
		<u> </u>					<u> </u>	
Date of Contact with Associate Provost for Academic Administration <sup>1</sup> :								
Bulletin (yr &	pgs):	Graduate Bulletin	CIP Code <sup>1</sup> :	52.0101		Toda	ay's Date:	8/16/16
		2015-16 Pgs 51-						
		53						
Accrediting Ag	gency (if	applicable): SAC	S and AACSI	3				
·								
Requested Effective Date: Semester following approval. OR Specific Date <sup>2</sup> :								
Dept. Contact Person: Ken Troske				Phone:	257-1	282	Email:	ktroske@email.uky.edu

# 2. CHANGE(S) IN PROGRAM REQUIREMENTS

		<u>Current</u>	<u>Proposed</u>
1.	Number of transfer credits allowed	9	No change
	(Maximum is Graduate School limit of 9 hours or	25% of course work)	-
2.	Residence requirement (if applicable)	None	No change
3.	Language(s) and/or skill(s) required	None	No change
4.	Termination criteria	Graduate School requirement	No change
5.	Plan A Degree Plan requirements <sup>3</sup> (thesis)	No thesis	No change
6.	Plan B Degree Plan requirements <sup>3</sup> (non-thesis)	36 Hours	No change
7.	Distribution of course levels required	Graduate School requirement	No change
	(At least one-half must be at 600+ level & two-thi	rds must be in organized course	s.)
8.	Required courses (if applicable)	See Attached	See Attached
9.	Required distribution of courses within	None	No change

<sup>&</sup>lt;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>&</sup>lt;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>&</sup>lt;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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	program (if applicable)						
10.	Final examination requirements		No change				
11.	Explain whether the proposed changes to the pro	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).						
	<u>acpartment(3).</u>						
	<u>'</u>						
12.	List any other requirements not covered above?						
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13.	Please explain the rationale for changes. If the ra	tionale involves accreditation re	equirements, please include				
	specific references to those requirements.						
	The MBA Policy Committee, the Marketing Depa	rtment and Gatton Faculty have	annroved removing MKT 611				
	New Product Development from the Professiona	•					
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	Research. It was determined by the faculty that	,	der to bring both the				
	Professional Evening track and One Year track in	line.					

#### CHANGE MASTERS DEGREE PROGRAM FORM

Signature Routing Log

### **General Information:**

Proposal Name: <u>Professional Evening MBA program changing MKT 611 to MKT 601 in the curriculum</u>

Proposal Contact Person Name: Ken Troske Phone: 257- 1282 Email: ktroske@email.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
MBA Policy Committee Spring 2016		Ken Troske / 257-1282 / ktroske@email.uky.edu	Digitally signed by Kenneth Troske Dit on-Kenneth Troske Dit on-Kenneth Troske Dit on-Kenneth Troske Dit on-Kenneth Troske Benness and Economics, emil-liktroskeplay-dust, c-US Date: 2016;93,14 10:55:29-04007
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## **External-to-College Approvals:**

Council	Date Approved	Signature	Approval of Revision <sup>4</sup>
Undergraduate Council			
Graduate Council	9/15/16	Roshan Nikou	
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:		

<sup>&</sup>lt;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.