A Graduate Certificate shall have a clear and focused academic topic or competency as its subject, meet a clearly defined educational need of a constituency group, such as required continuing-education or accreditation for a particular profession, respond to a specific state mandate or provide a basic competency in an emerging (preferably interdisciplinary) topic. Certificates are minimally 9 graduate credit hours and typically nor more than 15. Completed forms must receive appropriate department/school approval and sent to the college for review. Once approved at the college level, your college will send the proposal to the Graduate Council for review. Once approved at the Graduate Council, the Graduate Council will send the proposal to the Senate Council office for additional review via a committee and then to the Senate Council. Once the Senate Council has approved the proposal, it is moved to the University Senate. Once approved by that body, the University Senate will send the proposal to the Registrar to be included in the Bulletin. The contact person listed on the form will be informed throughout this process.

By default, graduate certificates shall be approved for a period of six (6) years. Re-approvals are also for six years. 1

1. GENERA	L INFORMATION		
1a	Home college:		
1b	Home educational unit (department, school	ol, college²):	
1c	Proposed certificate name:		
1d	CIP Code <sup>3</sup> , primary discipline:		
	CIP Code for other disciplines:		
1e	Requested effective date: Semester	after approval. 📗 OR 📗 Specific	: Date <sup>4</sup> :
1f	Contact person name:	Email:	Phone:
2. OVERVIE	EW		
2a	Provide a brief description of the proposed	new certificate. (300 word limit)	
2b	This proposed certificate (check all that app	oly):	
	Has a clear and focused academic comp	etency as its subject.	
	Meets a clearly defined educational ne	ed of a constituency group (e.g. cont	tinuing education or
	licensing)	, , , , ,	-
2b	Has a clear and focused academic comp  Meets a clearly defined educational ne	petency as its subject.	tinuing education or

<sup>&</sup>lt;sup>1</sup> Please visit <a href="http://www.research.uky.edu/gs/CurrentStudents/certguidelines.html">http://www.research.uky.edu/gs/CurrentStudents/certguidelines.html</a> for graduate certificate guidelines.

<sup>&</sup>lt;sup>2</sup> Only multidisciplinary graduate certificates may be homed at the college level.

<sup>&</sup>lt;sup>3</sup> You must contact the Office of Institutional Effectiveness prior to filling out this form (257-2873 <u>linstitutionaleffectiveness@uky.edu</u>). The identification of the appropriate CIP code(s) is required for college-level approval and should be done in consultation with the Graduate Council Chair and Registrar.

<sup>&</sup>lt;sup>4</sup> Certificates are typically made effective for the semester following approval. No program will be made effective unless all approvals, up through and including University Senate approval, are received.

	Responds to a specific	state mandate.					
	Provides a basic comp	etency in an emergi	ing, prefe	erably interdisc	ciplinary, topic.		
2c	Affiliation. Is the certificat	e affiliated with a d	legree pr	ogram? (relate	ed to 3c)	Yes	No
	If "yes," include a brief sta				<u>.</u>	ncorporate	a statement
	as to how it will provide a	n opportunity for a	student t	to gain knowle	edge or skills no	t already av	ailable at UK.
	(300 word limit)						
2d	Rationale and Demand. S			•	_	•	ed for it (e.g.
	market demand, student r	equests, state man	date, inte	erdisciplinary t	topic). <i>(400 wo</i>	rd limit)	
2e	Target student population		) that app	oly to the targe	et student pop	ulation.	
	Currently enrolled grad	duate students.					
	Post-baccalaureate stu	idents.					
2f	Describe the demographic	s of the intended a	udience.	(150 word lim	it)		
2g	Projected enrollment. Wh	at are the enrollme	ent proje	ctions for the f	first three year	s?	
		Year 1		Year 2		Year 3	
				(Year 1 contin	nuing + new	(Yrs. 1 and	2 continuing +
				entering)		new enteri	ng)
	Number of Students						
		1	'				
21.	Distance learning (DL). Ini	tially, will any porti	on of the	graduate cert	tificate be		N. D
2h	offered via DL?					Yes	No 🔛
	If "Yes," please indicate be	elow the percentage	e of the c	ertificate that	will be offered	via DL.	
	1% - 24% 25%	- 49% 5	0% - 74%	6 7	75 - 99%	100%	5
	If "Yes," describe the DL co	ourse(s) in detail, in	cluding t	he number of	required DL co	urses. (200	word limit)
					·	· · ·	,
3. ADMINI	STRATION AND RESOURCES	3					
	Administration. Describe		certificate	e will be admir	nistered. includ	ing admission	ons. student
3a	advising, retention, etc. (1				, , , , , , , , , , , , , , , , , , , ,	0	.,
	, , , , , , , , , , , , , , , , , , ,	<b>-</b>					
	Resources. What are the	resource implication	ns for the	nronosed cer	rtificate includ	ing any proj	ected hudget
	needs? If multiple units/p	· ·					_
3b	contribution of each parti	-		_	•		
	will commit resources to						
	(300 word limit)						

3c	Graduate Certificate Director/Faculty of Record. (related to a certificate director and other faculty who will be responsible program. (The director must be a member of the Graduate Fadean of the Graduate School. There must be a minimum of the also members of the Graduate Faculty.) If the answer to quest record is typically the graduate faculty of the affiliated degree record are the Graduate Faculty for program X.") If the answer process for identifying the faculty of record and the certificate word limit)  Selection criteria;  Term of service; and	for plann aculty of t nree mem stion 2c o e. (The an er to ques	ing and participating in the certificate the University and is appointed by the abers of the faculty of record who are if this form is "yes," then the faculty of aswer below can be "the faculty of stion 2c is "no," please describe the
	Method for adding/removing members.		
4. SUPPOR	RT AND IMPACT		
4a	Other related programs. Identify other related graduate UK phow the new certificate will complement these existing UK of potentially-affected academic unit administrators need to be Convert each statement to a PDF and append to the end of the	fferings. S included	Statements of support from with this proposal submission.
4b	<b>External course utilization support.</b> You must submit a letter unit administrator from which individual courses are taken. C end of this form.		, , ,
5. ADMISS	IONS CRITERIA AND CURRICULUM STRUCTURE		
5a	Admissions criteria. List the admissions criteria for the propo	sed certi	ficate. (150 word limit)
5b	Curricular structure. Please list the required and elective cou	irses belo	w.
Prefix & Number	Course Title	Credit Hrs	Course Status <sup>5</sup>
			Select one
			Select one
			Select one

<sup>&</sup>lt;sup>5</sup> Use the drop-down list to indicate if the course is an existing course that will not be changed, if the course is an existing course that will be changed, or if the course is a new course.

		Select one	····			
		Select one				
		Select one	····			
		Select one	<u> </u>			
		Select one	<u> </u>			
		Select one	····			
		Select one	2			
		Select one	2			
	Total Credit Hours:	-				
5c	Are there any other requirements for the certificate? If "Yes," word limit)	note below. (150	Yes 🗌	No 🗌		
5d	Is there any other narrative about the certificate that should be included in the Bulletin? If "Yes," please note below. (300 word limit)			No 🗌		
6. ASSESSI						
	Student learning outcomes. Please provide the student learn	_				
6a	knowledge, competencies, and skills (learning outcomes) stude action verbs, not simply "understand.") (250 word limit)	lents will be able to	do upon con	npletion. (Use		
	<b>Student learning outcome (SLO) assessment.</b> How and when Please map proposed measures to the SLOs they are intended					
6b	measures (e.g. focus groups, surveys) as the sole method. Me word limit)	asures might include	e the aspects	s below. (300		
	<ul> <li>Course-embedded assessment (e.g., portfolios, resea</li> </ul>	rch papers or oral p	resentations	); and		
	<ul> <li>Test items (embedded test questions, licensure/certification testing, nationally or state-normed exams).</li> </ul>					
	Certificate outcome assessment <sup>6</sup> . Describe evaluation procedures for the proposed certificate. Include how					
6c	the faculty of record will determine whether the program is a success or a failure. List the benchmarks, the					
	assessment tools, and the plan of action if the program does	not meet its objectiv	es. <i>(250 wor</i>	d limit)		
	INFORMATION  Is there any other information about the certificate to add? ((	IEO word limit				
7a	Is there any other information about the certificate to add? (2	iou wora ilmitj				

 $<sup>^{6}</sup>$  This is a plan of how the certificate will be assessed, which is different from assessing student learning outcomes.

	formation below about the review process does not supersede the requirement for individual letters of support.  Reviewing Group  Date					
	Reviewing Group Name	Approved	Contact Pe	erson Name/Pho	ne/Email	
8a	(Within College)	Within College)				
			/	/		
			/	/		
			/	/		
			/	/		
	·					
8b	(Collaborating and/or	Affected Units)				
			/	/		
			/	/		
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		I				
8c	(Senate Academic Cou	ncil)	Da	ate Approved	<b>Contact Person Name</b>	
	Health Care Colleg	Health Care Colleges Council (if applicable)				
	Graduate Council					