

CHANGE GRADUATE/UNDERGRADUATE CERTIFICATE

Fill out this form to change an existing certificate. This form should be used for both undergraduate certificates and graduate certificates.

Once approved at the college level, your college will send the proposal to the appropriate Senate academic council (HCCC and/or GC) for review and approval. Once approved at the academic council level, the academic council will send your proposal to the Senate Council office for additional review and then a 10-day posting online, during which senators review on their own and have an option to register an objection if they so desire. If no objection is raised to the Senate Council Office within ten days of the posting the proposal, then the graduate certificate change is approved. The Senate Council Office will report approvals to the Provost, Registrar and other appropriate entities, including the contact person.

For each change, you MUST enter the current language/requirement as well as the proposed change.

SUMMARY OF CHANGES			
Check all that apply.			
<input type="checkbox"/>	Courses	<input type="checkbox"/>	Certificate Name
<input type="checkbox"/>	Total required credit hours	<input type="checkbox"/>	Certificate review
<input type="checkbox"/>	Criteria for admissions/progression/termination	<input type="checkbox"/>	Other
1. General Information			
1a	Change is for:	<input type="checkbox"/> UNDERGRADUATE CERTIFICATE	OR <input checked="" type="checkbox"/> GRADUATE CERTIFICATE
1b	Date of contact with Institutional Effectiveness (IE) ¹ : <input type="text"/>		
	<input type="checkbox"/> Appended to the end of this form is a PDF of the reply from Institutional Effectiveness.		
1c	College ² : <input type="text"/>	Department ² : <input type="text"/>	
1d	CIP code: <input type="text"/>		
1e	Current certificate name: <input type="text"/>	Proposed certificate name: <input type="text"/>	
1f	Today's Date: <input type="text"/>		
1g	Requested effective date:	<input type="checkbox"/> Fall semester following approval.	OR <input type="checkbox"/> Specific Date ³ : <i>Fall 20</i> <input type="text"/>
1h	Contact person name: <input type="text"/>	Phone / Email: <input type="text"/>	/ <input type="text"/>
2. Overview of Changes			
2a	Describe the rationale for the change(s), including (as appropriate) input from an advisory board, professional body, etc. (450 word limit)		
3a.	Will the requested changes result in the use of courses from another unit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

¹ You can reach Institutional Effectiveness by phone or email (257-2873 or institutionaleffectiveness@uky.edu).

² It is not possible to change the home academic unit of a certificate via this form. To change the home unit, visit <http://www.uky.edu/faculty/senate> and search for forms related to academic organizational structure.

³ No certificate changes will be effective until all approvals are received.

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	If “Yes,” describe generally the courses and how they will used.
	If “Yes,” two pieces of supporting documentation are required.
	<input type="checkbox"/> Check to confirm that appended to the end of this form is a letter of support from the other units’ chair/director ⁴ from which individual courses will be used.
	<input type="checkbox"/> Check to confirm that appended to the end of this form is verification that the chair/director of the other unit has consent from the faculty members of the unit. This typically takes the form of meeting minutes.

3. Non-Course Related Changes

3a	Will the certificate’s admissions and/or application procedures change?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If “Yes,” describe below. (150 word limit)		
	Current:	Proposed:	

4. Course-Related Changes

4a	Will the required courses for the certificate change? (If “Yes,” indicate and note the changes in the area below. If “No,” indicate and proceed to 4b.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If “Yes,” note the specific changes in the grid below.		

Current			Proposed			
Prefix & Nmbr	Credit Hrs	Title	Prefix & Nmbr	Credit Hrs	Title	Course Status ⁵
						Select one....
						Select one....
						Select one....
						Select one....
						Select one....

4b	Provide the Bulletin language about required courses.

4b	Will the elective courses for the certificate change? (If “Yes,” indicate and note the changes in the area below. If “No,” indicate and proceed to 5a.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If “Yes,” note the specific changes in the grid below.		

Prefix & Nmbr	Credit Hrs	Title	Prefix & Nmbr	Credit Hrs	Title	Course Status ⁶
						Select one....
						Select one....

⁴ A dean may submit a letter only when there is no educational unit below the college level, i.e. there is no department/school.
⁵ Use the drop-down list to indicate if the course is a new course (“new”), an existing course that will change (“change”), or if the course is an existing course that will not change (“no change”).
⁶ Use the drop-down list to indicate if the course is a new course (“new”), an existing course that will change (“change”), or if the course is an existing course that will not change (“no change”).

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						Select one....
						Select one....
						Select one....
						Select one....

4c Provide the Bulletin language about elective courses.

5. Other Changes

5a Are there any other changes to the certificate? If "Yes," note below. (150 word limit) Yes No

6. Approvals/Reviews

Information below does not supersede the requirement for individual letters of support from educational unit administrators and verification of faculty support (typically takes the form of meeting minutes).

		Reviewing Group Name	Date Approved	Contact Person Name/Phone/Email	
6a	(Within College)			/	/
				/	/
				/	/
				/	/
6b	(Collaborating and/or Affected Units)			/	/
				/	/
				/	/
				/	/
				/	/
6c	(Senate Academic Council)		Date Approved	Contact Person Name	
	Health Care Colleges Council (if applicable)				
	Graduate Council				