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OFFICE OF THE  
SENATE COUNCIL**Course Information**

Date Submitted: 9/2/2015

Current Prefix and Number: NS - Nutritional Sciences , NS 782 SPECIAL PROBLEMS

Other Course:

Proposed Prefix and Number: NS 782

What type of change is being proposed?

Major Change

Should this course be a UK Core Course? No

**1. General Information**

a. Submitted by the College of: MEDICINE

b. Department/Division: Dept of Pharmacology &amp; Nutritional Scien

c. Is there a change in 'ownership' of the course? No

If YES, what college/department will offer the course instead: Select...

e. Contact Person

Name: Howard P. Glauert

Email: hglauert@uky.edu

Phone: 257-7789

Responsible Faculty ID (if different from Contact)

Name:

Email:

Phone:

f. Requested Effective Date

Semester Following Approval: Yes OR Effective Semester:

**2. Designation and Description of Proposed Course**

a. Current Distance Learning (DL) Status: N/A

b. Full Title: SPECIAL PROBLEMS

Proposed Title: SPECIAL PROBLEMS

c. Current Transcript Title: SPECIAL PROBLEMS

Proposed Transcript Title:

d. Current Cross-listing: Same as CNU/DHN 782

Proposed – ADD Cross-listing :

Proposed – REMOVE Cross-listing:

e. Current Meeting Patterns

Proposed Meeting Patterns

INDEPSTUDY: 4

f. Current Grading System: Graduate School Grade Scale

Proposed Grading System: *Letter (A, B, C, etc.)*

g. Current number of credit hours: 1 - 6 (variable)

Proposed number of credit hours: 1 - 6

h. Currently, is this course repeatable for additional credit? No

Proposed to be repeatable for additional credit? Yes

If Yes: Maximum number of credit hours: 6

If Yes: Will this course allow multiple registrations during the same semester? Yes

2i. Current Course Description for Bulletin: Independent advanced work on a special problem in nutritional sciences.

Proposed Course Description for Bulletin: Independent advanced work on a special problem in nutritional sciences.

2j. Current Prerequisites, if any: Prereq: Consent of graduate advisor.

Proposed Prerequisites, if any: Prereq: Consent of graduate advisor.

2k. Current Supplementary Teaching Component:

Proposed Supplementary Teaching Component:

3. Currently, is this course taught off campus? No

Proposed to be taught off campus? No

If YES, enter the off campus address:

4. Are significant changes in content/student learning outcomes of the course being proposed? No

If YES, explain and offer brief rationale:

5a. Are there other depts. and/or pgms that could be affected by the proposed change? Yes

If YES, identify the depts. and/or pgms: CNU DHN

5b. Will modifying this course result in a new requirement of ANY program? No

If YES, list the program(s) here:

6. Check box if changed to 400G or 500: No

## Distance Learning Form

Instructor Name:

Instructor Email:

Internet/Web-based: No

Interactive Video: No

Hybrid: No

1. How does this course provide for timely and appropriate interaction between students and faculty and among students? Does the course syllabus conform to University Senate Syllabus Guidelines, specifically the Distance Learning Considerations?

2. How do you ensure that the experience for a DL student is comparable to that of a classroom-based student's experience? Aspects to explore: textbooks, course goals, assessment of student learning outcomes, etc.

3. How is the integrity of student work ensured? Please speak to aspects such as password-protected course portals, proctors for exams at interactive video sites; academic offense policy; etc.

4. Will offering this course via DL result in at least 25% or at least 50% (based on total credit hours required for completion) of a degree program being offered via any form of DL, as defined above?

If yes, which percentage, and which program(s)?

5. How are students taking the course via DL assured of equivalent access to student services, similar to that of a student taking the class in a traditional classroom setting?

6. How do course requirements ensure that students make appropriate use of learning resources?

7. Please explain specifically how access is provided to laboratories, facilities, and equipment appropriate to the course or program.

8. How are students informed of procedures for resolving technical complaints? Does the syllabus list the entities available to offer technical help with the delivery and/or receipt of the course, such as the Information Technology Customer Service Center (<http://www.uky.edu/UKIT/>)?

9. Will the course be delivered via services available through the Distance Learning Program (DLP) and the Academic Technology Group (ATL)? NO

If no, explain how student enrolled in DL courses are able to use the technology employed, as well as how students will be provided with assistance in using said technology.

10. Does the syllabus contain all the required components? NO

11. I, the instructor of record, have read and understood all of the university-level statements regarding DL.

Instructor Name:

SIGNATURE|NRWEBB1|Nancy R Webb|NS 782 CHANGE Dept Review|20150902

SIGNATURE|SBASTIN|Sandra S Bastin|NS 782 CHANGE Cross-List Chair Review|20150902

SIGNATURE|SBASTIN|Sandra S Bastin|NS 782 CHANGE Cross-List Chair Review|20150912

SIGNATURE|DDBEAT1|Dorcas D Beatty|NS 782 CHANGE College Review|20151106

SIGNATURE|ZNNIKO0|Roshan Nikou|NS 782 CHANGE Graduate Council Review|20160112

### Course Change Form

<https://myuk.uky.edu/sap/bc/soap/rfc?services=>

[Open in full window to print or save](#)

Generate R

**Attachments:**

NOTE: Start form entry by choosing the Current Prefix and Number (\*denotes required fields)

Current Prefix and Number:		NS - Nutritional Sciences NS 782 SPECIAL PROBLEMS	Proposed Prefix & Number: (example: PHY 401G) <input checked="" type="checkbox"/> Check if same as current	NS 782
* What type of change is being proposed?		<input checked="" type="checkbox"/> Major Change <input type="checkbox"/> Major - Add Distance Learning <input type="checkbox"/> Minor - change in number within the same hundred series, except 799 is the same "hundred series" <input type="checkbox"/> Minor - editorial change in course title or description which does not change in content or emphasis <input type="checkbox"/> Minor - a change in prerequisite(s) which does not imply a change course content or emphasis, or which is made necessary by the elimi or significant alteration of the prerequisite(s) <input type="checkbox"/> Minor - a cross listing of a course as described above		
Should this course be a UK Core Course? <input type="radio"/> Yes <input checked="" type="radio"/> No				
If YES, check the areas that apply:				
<input type="checkbox"/> Inquiry - Arts & Creativity <input type="checkbox"/> Composition & Communications - II <input type="checkbox"/> Inquiry - Humanities <input type="checkbox"/> Quantitative Foundations <input type="checkbox"/> Inquiry - Nat/Math/Phys Sci <input type="checkbox"/> Statistical Inferential Reasoning <input type="checkbox"/> Inquiry - Social Sciences <input type="checkbox"/> U.S. Citizenship, Community, Diversity <input type="checkbox"/> Composition & Communications - I <input type="checkbox"/> Global Dynamics				
1. General Information				
a. Submitted by the College of:		MEDICINE	Submission Date: 9/2/2015	
b. Department/Division:		Dept of Pharmacology & Nutritional Scien		
c.* Is there a change in "ownership" of the course?				
<input type="radio"/> Yes <input checked="" type="radio"/> No    If YES, what college/department will offer the course instead? <input type="text" value="Select..."/>				
e.* Contact Person Name:		Howard P. Glauert	Email: hglauert@uky.edu	Phone: 257-7789
* Responsible Faculty ID (if different from Contact):			Email:	Phone:
f.* Requested Effective Date:		<input checked="" type="checkbox"/> Semester Following Approval	OR	Specific Term: 2
2. Designation and Description of Proposed Course.				
a. Current Distance Learning(DL) Status:		<input checked="" type="radio"/> N/A <input type="radio"/> Already approved for DL* <input type="radio"/> Please Add <input type="radio"/> Please Drop		
*If already approved for DL, the Distance Learning Form must also be submitted <u>unless</u> the department affirms (by checking this box ) that the proposed chan not affect DL delivery.				
b. Full Title:		SPECIAL PROBLEMS	Proposed Title: *	SPECIAL PROBLEMS
c. Current Transcript Title (if full title is more than 40 characters):			SPECIAL PROBLEMS	
c. Proposed Transcript Title (if full title is more than 40 characters):				
d. Current Cross-listing:		<input checked="" type="checkbox"/> N/A	OR	Currently <sup>3</sup> Cross-listed with (Prefix & Number): Same as CNU/
Proposed - ADD <sup>3</sup> Cross-listing (Prefix & Number):				
Proposed - REMOVE <sup>3,4</sup> Cross-listing (Prefix & Number):				

**e. Courses must be described by at least one of the meeting patterns below. Include number of actual contact hours <sup>5</sup> for each meeting pattern**

Current:	Lecture	Laboratory <sup>5</sup>	Recitation	Discussion	Indep. Study
	Clinical	Colloquium	Practicum	Research	Residency
	Seminar	Studio	Other:	Please explain:	
Proposed: *	Lecture	Laboratory <sup>5</sup>	Recitation	Discussion	Indep. Study 4
	Clinical	Colloquium	Practicum	Research	Residency
	Seminar	Studio	Other:	Please explain:	

**f. Current Grading System:** Graduate School Grade Scale

**Proposed Grading System:\***

- Letter (A, B, C, etc.)
- Pass/Fail
- Medicine Numeric Grade (Non-medical students will receive a letter grade)
- Graduate School Grade Scale

**g. Current number of credit hours:** 1 - 6 (variable) **Proposed number of credit hours:\*** 1 - 6

**h.\* Currently, is this course repeatable for additional credit?**  Yes  No

**\* Proposed to be repeatable for additional credit?**  Yes  No

**If YES:** Maximum number of credit hours: 6

**If YES:** Will this course allow multiple registrations during the same semester?  Yes  No

**i. Current Course Description for Bulletin:**  
Independent advanced work on a special problem in nutritional sciences.

**\* Proposed Course Description for Bulletin:**  
Independent advanced work on a special problem in nutritional sciences.

**j. Current Prerequisites, if any:**  
Prereq: Consent of graduate advisor.

**\* Proposed Prerequisites, if any:**  
Prereq: Consent of graduate advisor.

**k. Current Supplementary Teaching Component, if any:**

- Community-Based Experience
- Service Learning
- Both

**Proposed Supplementary Teaching Component:**

- Community-Based Experience
- Service Learning
- Both

		<input type="radio"/> No Change
3.	Currently, is this course taught off campus?	<input type="radio"/> Yes <input checked="" type="radio"/> No
*	Proposed to be taught off campus?	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If YES, enter the off campus address:	
4.*	Are significant changes in content/student learning outcomes of the course being proposed?	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If YES, explain and offer brief rationale:	
5.	Course Relationship to Program(s).	
a.*	Are there other depts and/or pgms that could be affected by the proposed change?	<input checked="" type="radio"/> Yes <input type="radio"/> No
	If YES, identify the depts. and/or pgms:	
	CNU DHN	
b.*	Will modifying this course result in a new requirement <sup>2</sup> for ANY program?	<input type="radio"/> Yes <input checked="" type="radio"/> No
	If YES <sup>2</sup> , list the program(s) here:	
6.	Information to be Placed on Syllabus.	
a.	<input type="checkbox"/> Check box if changed to 400G or 500.	If changed to 400G- or 500-level course you must send in a syllabus and you must include the differentiation between under and graduate students by: (i) requiring additional assignments by the graduate students; and/or (ii) establishing different grad criteria in the course for graduate students. (See SR 3.1.4.)

<sup>1</sup>See comment description regarding minor course change. *Minor changes are sent directly from dean's office to Senate Council Chair.* If Chair deems the change as "not minor," the form will be sent to appropriate academic Council for normal processing and contact person is informed.

<sup>2</sup>Courses are typically made effective for the semester following approval. No course will be made effective until all approvals are received.

<sup>3</sup>Signature of the chair of the cross-listing department is required on the Signature Routing Log.

<sup>4</sup>Removing a cross-listing does not drop the other course – it merely unlinks the two courses.

<sup>5</sup>Generally, undergrad courses are developed such that one semester hr of credit represents 1 hr of classroom meeting per wk for a semester, exclusive of any lab meeting. Lab meeting generally requires at least two hrs per wk for a semester for 1 credit hour. (See SR 5.2.1.)

<sup>6</sup>You must also submit the Distance Learning Form in order for the course to be considered for DL delivery.

<sup>7</sup>In order to change a program, a program change form must also be submitted.