

APPLICATION FOR CHANGE IN EXISTING COURSE: MAJOR and MINOR

1. Submitted by the College of Health Sciences Date: 10/4/07

Department/Division offering course: Clinical Sciences/ Physician Assistant Studies

2. What type of change is being proposed? Major Minor*

*See the description at the end of this form regarding what constitutes a minor change. Minor changes are sent directly from the dean of the college to the Chair of the Senate Council.

If the Senate Council chair deems the change not to be minor, the form will be sent to the appropriate Council for normal processing and an email notification will be sent to the contact person.

PROPOSED CHANGES

Please complete all "Current" fields.

Fill out the "Proposed" field only for items being changed. Enter N/A if not changing.

Circle the number for each item(s) being changed. For example: (6.)

3. Current prefix & number: PAS 853 Proposed prefix & number: PAS 653

4. Current Title Introduction to Health and Disease

Proposed Title[†] N/A

[†]If title is longer than 24 characters (including spaces), write a sensible title (24 characters or less) for use on transcripts:

Intro Health & Disease

5. Current number of credit hours: 3 Proposed number of credit hours: N/A

6. Currently, is this course repeatable? YES NO If YES, current maximum credit hours: _____

Proposed to be repeatable? YES NO If YES, proposed maximum credit hours: _____

7. Current grading system: Letter (A, B, C, etc.) Pass/Fail

Proposed grading system: Letter (A, B, C, etc.) Pass/Fail

8. Courses must be described by at least one of the categories below. Include the number of actual contact hours per week for each category, as applicable.

Current:

() CLINICAL () COLLOQUIUM () DISCUSSION () LABORATORY (3) LECTURE
() INDEPEND. STUDY () PRACTICUM () RECITATION () RESEARCH () RESIDENCY
() SEMINAR () STUDIO () OTHER – Please explain: _____

Proposed:

() CLINICAL () COLLOQUIUM () DISCUSSION () LABORATORY () LECTURE
() INDEPEND. STUDY () PRACTICUM () RECITATION () RESEARCH () RESIDENCY
() SEMINAR () STUDIO () OTHER – Please explain: _____

9. Requested effective date (term/year): Summer II / 2008

10. Current teaching method: N/A Community-Based Experience Service Learning Component Both

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Proposed teaching method (if applicable): Community-Based Experience Service Learning Component Both

11. Current cross-listing: N/A _____
 Prefix and Number NAME of current cross-listing DEPARTMENT

a. Proposed – REMOVE the current cross-listing:

b. Proposed – ADD a cross-listing: _____
 Prefix and Number Signature of chair of proposed cross-listing department

12. Current prerequisites:
 Enrollment in the Physician Assistant Program.

Proposed prerequisites:
 N/A

13. Current Bulletin description:
 An overview of the etiology, distribution, and prevention of basic disease processes.

Proposed Bulletin description:
 N/A

14. What has prompted this change?
 When switching to a graduate degree program, all course numbers were not changed to graduate numbers and this proposal will correct this.

15. If there are to be significant changes in the content or teaching objectives of this course, indicate changes:
 N/A

16. Please list any other department that could be affected by the proposed change:
 N/A

17. Will changing this course change the degree requirements for ANY program on campus? YES NO
 If YES[‡], list below the programs that require this course:
 The course required for the Masters of Science in Physician Assistant Studies degree will change from PAS 853 to PAS 653.

[‡]In order for the course change to be considered, program change form(s) for the programs above must also be submitted.

18. Is this course currently included in the University Studies Program? Yes No

19. Check box if changed to 400G or 500. If changed to 400G- or 500-level, you must include a syllabus showing differentiation for undergraduate and graduate students by (i) requiring additional assignments by the graduate students; and/or (ii) the establishment of different grading criteria in the course for graduate students. (See SR 3.1.4)

20. Within the department, who should be contacted for further information on the proposed course change?

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Name: Julie Gurwell, PhD, PA-C Phone: 323-1100, ext 80843 Email: jagur@uky.edu

21. Signatures to report approvals:

11-7-07
DATE of Approval by Department Faculty

Terrence Staff, Ph.D.
printed name Reported by Department Chair signature

12-10-07
DATE of Approval by College Faculty

Sharon Stewart
printed name Reported by College Dean signature

*DATE of Approval by Undergraduate Council

/
printed name Reported by Undergraduate Council Chair signature

*DATE of Approval by Graduate Council

/
printed name Reported by Graduate Council Chair signature

*DATE of Approval by Health Care Colleges Council (HCCC)

/
printed name Reported by Health Care Colleges Council Chair signature

*DATE of Approval by Senate Council

Reported by Office of the Senate Council

*DATE of Approval by the University Senate

Reported by the Office of the Senate Council

*If applicable, as provided by the University Senate Rules. (http://www.uky.edu/USC/New/RulesandRegulationsMain.htm)

Excerpt from University Senate Rules:

SR 3.3.0.G.2: Definition. A request may be considered a minor change if it meets one of the following criteria:

- a. change in number within the same hundred series;
b. editorial change in the course title or description which does not imply change in content or emphasis;
c. a change in prerequisite(s) which does not imply change in content or emphasis, or which is made necessary by the elimination or significant alteration of the prerequisite(s);
d. a cross-listing of a course under conditions set forth in SR 3.3.0.E;
e. correction of typographical errors.