

a. Department/Division: Pharmacy Practice & Science

c. Contact person name: Tamela Harper Email: tjharp00@email.uky.edu Phone: 257-9384

d. Requested Effective Date: Semester following approval OR Specific Term/Year¹: Spring 2010

2. Designation and Description of Proposed Course.

a. Prefix and Number: PPS 767

b. Full Title: Dissertation Residency Credit

c. Transcript Title (if full title is more than 40 characters): Dissertation Residency

d. To be Cross-Listed² with (Prefix and Number): N/A

e. Courses must be described by at least one of the meeting patterns below. Include number of actual contact hours³ for each meeting pattern type.

<input type="checkbox"/> Lecture	<input type="checkbox"/> Laboratory ¹	<input type="checkbox"/> Recitation	<input type="checkbox"/> Discussion	<input type="checkbox"/> Indep. Study
<input type="checkbox"/> Clinical	<input type="checkbox"/> Colloquium	<input type="checkbox"/> Practicum	<input type="checkbox"/> 2+ Research	<input type="checkbox"/> Residency
<input type="checkbox"/> Seminar	<input type="checkbox"/> Studio	<input type="checkbox"/> Other – Please explain: _____		

f. Identify a grading system: Letter (A, B, C, etc.) Pass/Fail

g. Number of credits: 2 - 12

h. Is this course repeatable for additional credit? YES NO

If YES: Maximum number of credit hours: 12

If YES: Will this course allow multiple registrations during the same semester? YES NO

i. Course Description for Bulletin: Residency credit for dissertation research after qualifying examination. A minimum of two semesters are required as well as continuous enrollment until dissertation is completed and defended. _____

j. Prerequisites, if any: Graduate standing and permission of instructor.

k. Will this course also be offered through Distance Learning? YES⁴ NO

l. Supplementary teaching component, if any: Community-Based Experience Service Learning Both

3. Will this course be taught off campus? YES NO

4. Frequency of Course Offering.

¹ Courses are typically made effective for the semester following approval. No course will be made effective until all approvals are received.

² The chair of the cross-listing department must sign off on the Signature Routing Log.

³ In general, undergraduate courses are developed on the principle that one semester hour of credit represents one hour of classroom meeting per week for a semester, exclusive of any laboratory meeting. Laboratory meeting, generally, represents at least two hours per week for a semester for one credit hour. (from SR 5.2.1)

⁴ You must *also* submit the Distance Learning Form in order for the proposed course to be considered for DL delivery.

5. Are facilities and personnel necessary for the proposed new course available? YES NO

If NO, explain: _____

6. What enrollment (per section per semester) may reasonably be expected? 15

7. Anticipated Student Demand.

a. Will this course serve students primarily within the degree program? YES NO

b. Will it be of interest to a significant number of students outside the degree pgm? YES NO

If YES, explain: _____

8. Check the category most applicable to this course:

Traditional – Offered in Corresponding Departments at Universities Elsewhere

Relatively New – Now Being Widely Established

Not Yet Found in Many (or Any) Other Universities

9. Course Relationship to Program(s).

a. Is this course part of a proposed new program? YES NO

If YES, name the proposed new program: Ph.D. Pharmaceutical Outcomes & Policy

b. Will this course be a new requirement⁵ for ANY program? YES NO

If YES⁵, list affected programs: _____

10. Information to be Placed on Syllabus.

a. Is the course 400G or 500? YES NO

If YES, the *differentiation for undergraduate and graduate students must be included* in the information required in **10.b**. You must include: (i) identification of additional assignments by the graduate students; and/or (ii) establishment of different grading criteria in the course for graduate students. (See SR 3.1.4.)

b. The syllabus, including course description, student learning outcomes, and grading policies (and 400G-/500-level grading differentiation if applicable, from **10.a** above) are attached.

⁵ In order to change a program, a program change form must also be submitted.

REQUEST FOR NEW COURSE

Signature Routing Log

General Information:

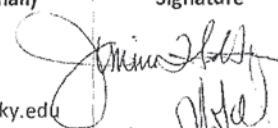
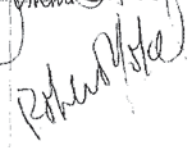
Course Prefix and Number: PPS 767 Dissertation Residency Credit

Proposal Contact Person Name: Jeffery Talbert Phone: 260-1960 Email: jeff.talbert@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
Department Faculty	11-30-09	Jimmi Hatton / 323-0268 / jhatt1@email.uky.edu	
Graduate Program Committee	10-29-09	Robert Yokel / 257-4855 / ryokel@uky.edu	
College Graduate Faculty	11-23-09	Robert Yokel / 257-4855 / ryokel@uky.edu	
		/ /	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁶
Undergraduate Council			
Graduate Council		<i>Jamaine Blackwell</i> 2010.04.06 13:39:53 -04'00'	
Health Care Colleges Council	3/16/10		
Senate Council Approval		University Senate Approval	

Comments:

⁶ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.