

CHANGE DOCTORAL DEGREE PROGRAM FORM

GENERAL INFORMATION

College: <u>Medicine</u>		Department: <u>Neuroscience</u>	
Current Major Name: <u>Anatomy and Neurobiology</u>		Proposed Major Name: <u>Neuroscience</u>	
Current Degree Title: <u>PhD</u>		Proposed Degree Title: <u>PhD</u>	
Current Formal Option(s): <u>NA</u>		Proposed Formal Option(s): <u>NA</u>	
Current Specialty Fields w/in Formal Option: <u>NA</u>		Proposed Specialty Fields w/in Formal Option: <u>NA</u>	
Date of Contact with Associate Provost for Academic Administration ¹ : <u>03/10/2017</u>			
Bulletin (yr & pgs): _____	CIP Code ¹ : <u>26.1501</u>	Today's Date: <u>03/15/2017</u>	
<i>(CIP changed from 26.0403)</i>			
Accrediting agency (if applicable): <u>NA</u>			
Requested Effective Date: <input checked="" type="checkbox"/> Semester following approval. OR <input type="checkbox"/> Specific Date ² : _____			
Dept Contact Person: <u>Bret N Smith, PhD</u>		Phone: <u>323-4840</u>	Email: <u>bret.smith@uky.edu</u>

CHANGE(S) IN PROGRAM REQUIREMENTS

	<u>Current</u>	<u>Proposed</u>
1. Number of transfer credits allowed: <i>(Maximum is Graduate School limit of total of 9 hours (or 25% of the credit hours needed to fulfill the pre-qualifying residency requirement.)</i>	<u>NA</u>	_____
2. Residence requirement: <i>(Minimum of one year before and after Qualifying Exams.)</i>	<u>NA</u>	_____
3. Language(s) and/or skill(s) required:	<u>NA</u>	_____
4. Provisions for monitoring progress and termination criteria:	<u>NA</u>	_____
5. Total credit hours required:	<u>NA</u>	_____
6. Required courses:	<u>NA</u>	_____
7. Required distribution of courses within program:	<u>NA</u>	_____
8. Minor area or courses outside program required:	<u>NA</u>	_____
9. Distribution of courses levels required (400G-500/600-700):	<u>NA</u>	_____
10. Qualifying examination requirements:	<u>NA</u>	_____

¹ Prior to filling out this form, you MUST contact the Associate Provost for Academic Administration (APAA). If you do not know the CIP code, the APAA can provide you with that during the contact.

² Programs are typically made effective for the semester following approval. No program will be made effective until all approvals are received.

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Signature Routing Log

General Information:

Proposal Name: Graduate Program Name Change for Department of Neuroscience

Proposal Contact Person Name: Bret N Smith Phone: 323-4840 Email: bret.smith@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
Basic Science Sub-Committee	4-20-17	Dr. Tom Rosner / 859 / 257-5286	
		/ /	
Curriculum Committee	4-28-17	Dr. Chris Fowder / 859 / 257-5286	
		/ /	
FC	5-16-17	Dr. Greg Jicha / 859 / 257-5286	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ³
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

³ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.