CHANGE DOCTORAL DEGREE PROGRAM FORM

GENERAL INFORMATION

College:	The Graduate School	Department:	The Martin School of Public Policy and Administration

Current Major Name:		Proposed Major Name:	

Current Degree Title:	Ph.D. in Public Administration	Proposed Degree Title:	Ph.D. in Public Policy and Administration

Current Formal Option(s):	same	Proposed Formal Option(s):	same

Current Specialty Fields w/in Formal Option:	——	Proposed Specialty Fields w/in Formal Option:	——

Date of Contact with Associate Provost for Academic Administration[1]: _____

Bulletin (yr & pgs):	Jan. 2011 p. 317	CIP Code[1]:	44.0401	Today's Date:	12/06/2011

Accrediting agency (if applicable): _____

Requested Effective Date: ☒ Semester following approval. OR ☐ Specific Date[2]: _____

Dept Contact Person:	William Hoyt	Phone:	257-2518	Email:	whoyt@uky.edu

CHANGE(S) IN PROGRAM REQUIREMENTS

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

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[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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10. Qualifying examination
requirements:

11. Explain whether the proposed changes to the program (as described in numbers 1 through 10) involve courses offered by another department/program. <u>Routing Signature Log must include approval by faculty of additional department(s).</u>

12. Other requirements not covered above:

13. What is the rationale for the proposed changes? If the rationale involves accreditation requirements, please include specific references to those requirements.
It is a more accurage description of the degree that we are providing, including the type of research that our students and faculty are doing. The name of the Martin School changed almost 20 years ago.

CHANGE DOCTORAL DEGREE PROGRAM FORM

Signature Routing Log

General Information:

Proposal Name: Update to Ph.D. Program title

Proposal Contact Person Name: William Hoyt   Phone: 257-2518   Email: whoyt@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
Martin School Faculty	11/29/11/	William Hoyt / 7-2518 / whot@uky.edu	*(signature)*
		/ /	
		/ /	
		/ /	
		/ /	

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:

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