

CHANGE MASTERS DEGREE PROGRAM FORM

1. GENERAL INFORMATION			
College:	Public Health	Department:	Health Behavior
Current Major Name:	Public Health	Proposed Major Name:	Public Health
Current Degree Title:	MPH	Proposed Degree Title:	MPH
Formal Option(s):	Health Behavior	Proposed Formal Option(s):	Health Behavior
Specialty Fields within Formal Option:		Proposed Specialty Fields within Formal Option:	
Date of Contact with Associate Provost for Academic Administration: ¹			
Bulletin (yr & pgs):	CIP Code: ¹ 51.2201	Today's Date:	8-6-2014
Accrediting Agency (if applicable):			
Requested Effective Date:	<input checked="" type="checkbox"/> Semester following approval or <input type="checkbox"/> Specific Date: ²		
Department Contact Person:	Kate Eddens	Phone:	218-0111
		Email:	kate.eddens@uky.edu
2. CHANGE(S) IN PROGRAM REQUIREMENTS			
		<u>Current</u>	<u>Proposed</u>
1.	Number of transfer credits allowed (Maximum is Graduate School limit of 9 hours or 25% of course work)		
2.	Residence requirement (if applicable)		
3.	Language(s) and/or skill(s) required		
4.	Termination criteria		
5.	Plan A Degree Plan requirements ³ (thesis)		
6.	Plan B Degree Plan requirements ³ (non-thesis)		
7.	Distribution of course levels required (At least one-half must be at 600+ level & two-thirds must be in organized courses.)		
8.	Required courses (if applicable)	Current HB Area requirements: CPH 643 Measuring Health Behavior CPH 642 Ecological Perspectives on Health Behavior CPH 647 Research Methods CPH 648 Eliminating Racial and Ethnic Disparities	Proposed HB Area requirements: CPH 643 Measuring Health Behavior CPH 646 Special Topics: Evidence-Based Public Health Planning & Practice (pending approval, this course will be CPH 672) CPH 647 Research Methods CPH 648 Eliminating Racial and Ethnic Disparities CPH 778 Special Topics: Ethics for Public Health

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			(pending approval, this course will be CPH 763)
9.	Required distribution of courses within program (if applicable)		
10.	Final examination requirements		
11.	Explain whether the proposed changes to the program (as described in sections 1 to 10) involve courses offered by another department/program. Routing Signature Log must include approval by faculty of additional department(s).		

¹Prior 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.

²Program changes are typically made effective the semester following approval. No changes will be made effective until all approvals are received.

³If there is only one plan for the degree, plans involving a thesis (or the equivalent in studio work, etc.) should be discussed under Plan A and those not involving a thesis should be discussed under Plan B.

12.	List any other requirements not covered above.
13.	Please provide a rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.
	In the current curriculum, students are not gaining much-needed skills in health promotion program planning and evaluation and evidence-based public health practice. The addition of the evidence-based course (CPH 646 Special Topics, to be approved as CPH 672) will provide students with this additional education. In addition, the content of the current course -- CPH 642 Ecological Perspectives on Health Behavior – will be integrated into core course 604 as well as into CPH 648 Eliminating Racial and Ethnic Disparities and the Evidence-based Public Health Planning and Practice course. The addition of CPH 778 Special Topics: Ethics for Public Health (to be approved as CPH 763) ensures that our students are receiving an introduction to ethics in public health that is essential for proper conduct of public health research and practice. The total number of hours required for the MPH is not altered by this program change.

SIGNATURE ROUTING LOG

General Information:

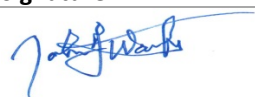


Proposal Name: Master of Public Health

Proposal Contact Person Name: Andrea Perkins Phone: 218-2021 Email: andrea.perkins@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
Academic Affairs Committee	10/9/2014	John Watkins/218-0240/john.watkins@uky.edu	
Faculty Council	10/27/2014	Steve Fleming/218-2229/steven.fleming@uky.edu	
Academic Dean-Public Health	10/33/2014	Kathryn Cardarelli/218-0241/Kathryn.cardarelli@uky.edu	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁶
Undergraduate Council			
Graduate Council	12/18/14	<i>Roshan Nikou</i>	
Health Care Colleges Council	11/18/14	Pam Stein & Sharon Stewart	
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.