

# NEW COURSE FORM

<b>1. General Information.</b>				
a.	Submitted by the College of: Education	Today's Date:	02/22/2011	
b.	Department/Division: Science, Technology, Engineering, and Mathematics (STEM) Education			
c.	Contact person name: Margaret Mohr-Schroeder	Email: m.mohr@uky.edu	Phone:	257-3073
d.	Requested Effective Date:	<input checked="" type="checkbox"/> Semester following approval	OR	<input type="checkbox"/> Specific Term/Year <sup>1</sup> : _____
<b>2. Designation and Description of Proposed Course.</b>				
a.	Prefix and Number: SEM 781			
b.	Full Title: Independent Study in STEM Education			
c.	Transcript Title (if full title is more than 40 characters): Independent Study in STEM Ed			
d.	To be Cross-Listed <sup>2</sup> with (Prefix and Number): _____			
e.	Courses must be described by <u>at least one</u> of the meeting patterns below. Include number of actual contact hours <sup>3</sup> for each meeting pattern type.			
	_____ Lecture	_____ Laboratory <sup>1</sup>	_____ Recitation	_____ Discussion
	_____ Clinical	_____ Colloquium	_____ Practicum	_____ Research
	_____ Seminar	_____ Studio	_____ Other – Please explain: _____	1-3 Indep. Study _____ Residency
f.	Identify a grading system:	<input checked="" type="checkbox"/> Letter (A, B, C, etc.)	<input type="checkbox"/> Pass/Fail	
g.	Number of credits: 1-3			
h.	Is this course repeatable for additional credit?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	If YES:	Maximum number of credit hours:	nine credit hours	
	If YES:	Will this course allow multiple registrations during the same semester?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
i.	Course Description for Bulletin:	An independent study course for graduate students. May be repeated to a maximum of nine credits		
j.	Prerequisites, if any: Consent of the Director of Graduate Studies and Program Advisor			
k.	Will this course also be offered through Distance Learning?			YES <sup>4</sup> <input type="checkbox"/> NO <input checked="" type="checkbox"/>
l.	Supplementary teaching component, if any: <input type="checkbox"/> Community-Based Experience <input type="checkbox"/> Service Learning <input type="checkbox"/> Both			
<b>3.</b>	<b>Will this course be taught off campus?</b>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>4. Frequency of Course Offering.</b>				
a.	Course will be offered (check all that apply): <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Summer			
b.	Will the course be offered every year?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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

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

<sup>3</sup> 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)

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

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	If NO, explain: _____	
<b>5.</b>	<b>Are facilities and personnel necessary for the proposed new course available?</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	If NO, explain: _____	
<b>6.</b>	<b>What enrollment (per section per semester) may reasonably be expected?</b>	2
<b>7.</b>	<b>Anticipated Student Demand.</b>	
<b>a.</b>	Will this course serve students primarily within the degree program?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>b.</b>	Will it be of interest to a significant number of students outside the degree pgm?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	If YES, explain: _____	
<b>8.</b>	<b>Check the category most applicable to this course:</b>	
	<input checked="" type="checkbox"/> Traditional – Offered in Corresponding Departments at Universities Elsewhere	
	<input type="checkbox"/> Relatively New – Now Being Widely Established	
	<input type="checkbox"/> Not Yet Found in Many (or Any) Other Universities	
<b>9.</b>	<b>Course Relationship to Program(s).</b>	
<b>a.</b>	Is this course part of a proposed new program?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	If YES, name the proposed new program: _____	
<b>b.</b>	Will this course be a new requirement <sup>5</sup> for ANY program?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	If YES <sup>5</sup> , list affected programs: _____	
<b>10.</b>	<b>Information to be Placed on Syllabus.</b>	
<b>a.</b>	Is the course 400G or 500?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	If YES, the <i>differentiation for undergraduate and graduate students must be included</i> in the information required in <b>10.b</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>b.</b>	<input type="checkbox"/> The syllabus, including course description, student learning outcomes, and grading policies (and 400G-/500-level grading differentiation if applicable, from <b>10.a</b> above) are attached.	

<sup>5</sup> In order to change a program, a program change form must also be submitted.

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## Signature Routing Log

**General Information:**


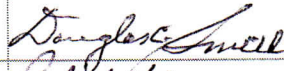
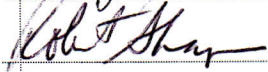
Course Prefix and Number: SEM 781

Proposal Contact Person Name: Margaret Mohr-Schroeder      Phone: 257-3073      Email: m.mohr@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
STEM Education	02/22/2011	Jennifer Wilhelm / 257-1291 / jennifer.wilhelm@uky.edu	
CTC Committee	3/28/11	Doug Smith 75-1824 / desmit1@uky.edu	
College of Ed	4/19/11	Robert Shapiro 7995 / rshapiro@uky.edu	
		/ /	
		/ /	

**External-to-College Approvals:**

Council	Date Approved	Signature	Approval of Revision <sup>6</sup>
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

**Comments:**

The Board of Trustees approved the Department of Science, Technology, Engineering, and Mathematics (STEM) Education on February 22, 2011. The department will fiscally begin on July 1, 2011.

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



**Department of Science, Technology, Engineering, & Mathematics Education  
Independent Study Contract**

The student, professor with whom he/she is working, the student's advisor/committee chair, and the Director of Graduate Studies should each have a copy of this completed form on file before the student begins the work.

**Student Name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**Faculty Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Faculty Advisor/Chair:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Semester:** Fall

**Year:** \_\_\_\_\_

**Brief Description of the content of the independent study work:**

**Brief description of the product(s) used to evaluate student learning:**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
DGS Signature