CHANGE DEGREE PROGRAM FORM

1. GENERAL INFORMATION

College:	lege: <i>Medicine</i>			Department:		No department (Dean's Office)				
Current Major Name:		Masters in Medical Sciences (MSMS)								
Current Degre	e Title:	MS in Medical Sciences								
Current CIP Code:		26.9999.03		Proposed CIP Code:		de:	26.0102			
Accrediting Agency (if applicable): N/A										
Requested Effective Date:			FALL 2017							
Dept. Contact	Person:	Jennifer Kennedy		none:	323-000	323-0004		Jkennedy1@uky.edu		
Rationale for o	change:	The University has requested that 8-digit CIP Codes be eliminated for more accurate alignment								
		between internal and external reporting.								

2. APPROVALS

In the table below, please: identify the groups or individuals reviewing the proposal; note the date of approval; and offer a contact person for each entry.

Reviewing Group	Date Approved	Contact Person (name/phone/email)				
Associate Dean for Biomedical Education, Dean's Office, College of Medicine	08/23/2017	Rebecca Dutch, PhD / 323-1795 / Rebecca.dutch@uky.edu				
Chair, Health Care Colleges Council	8/23/2017	Carl Mattacola, PhD / 218-0860 / CarlMattacola@uky.edu				
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The MSMS program is in the College of Medicine but is not housed within a specific department.