

# APPLICATION FOR CHANGE IN EXISTING COURSE: MAJOR and MINOR

1. Submitted by the College of CIS Date: November 17, 2008

Department/Division offering course: School of Journalism and Telecommunications

2. What type of change is being proposed?  Major  Minor\*

\*See the description at the end of this form regarding what constitutes a minor change. Minor changes are sent directly from the college to the Chair of the Senate Council.

If the Senate Council chair deems the change not to be minor, the form will be sent to the appropriate Council for normal and an email notification will be sent to the contact person.

## PROPOSED CHANGES

Please complete all "Current" fields.  
Fill out the "Proposed" field only for items being changed. Enter N/A if not changing.  
Circle the number for each item(s) being changed. For example: (6)

3. Current prefix & number: TEL 504 Proposed prefix & number: TEL 404

4. Current Title Media Organizations

Proposed Title<sup>†</sup> \_\_\_\_\_

<sup>†</sup>If title is longer than 24 characters, offer a sensible title of 24 characters or less: \_\_\_\_\_

5. Current number of credit hours: 3 Proposed number of credit hours: \_\_\_\_\_

6. Currently, is this course repeatable? YES  NO  If YES, current maximum credit hours: \_\_\_\_\_

Proposed to be repeatable? YES  NO  If YES, proposed maximum credit hours: \_\_\_\_\_

7. Current grading system:  Letter (A, B, C, etc.)  Pass/Fail

Proposed grading system:  Letter (A, B, C, etc.)  Pass/Fail

8. Courses must be described by at least one of the categories below. Include number of actual contact hours per week for each category.

Current:

( ) CLINICAL ( ) COLLOQUIUM ( ) DISCUSSION ( ) LABORATORY ( )  LECTURE  
( ) INDEPEND. STUDY ( ) PRACTICUM ( ) RECITATION ( ) RESEARCH ( ) RESIDENCY  
( ) SEMINAR ( ) STUDIO ( ) OTHER - Please explain: \_\_\_\_\_

Proposed:

( ) CLINICAL ( ) COLLOQUIUM ( ) DISCUSSION ( ) LABORATORY ( ) LECTURE  
( ) INDEPEND. STUDY ( ) PRACTICUM ( ) RECITATION ( ) RESEARCH ( ) RESIDENCY  
( ) SEMINAR ( ) STUDIO ( ) OTHER - Please explain: \_\_\_\_\_

9. Requested effective date (term/year): Fall 2009 /

10. Supplementary teaching component:  N/A  Community-Based Experience  Service Learning  Both

Proposed supplementary teaching component:  Community-Based Experience  Service Learning  Both

11. Cross-listing:  N/A or \_\_\_\_\_ / \_\_\_\_\_

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Current Prefix & Number      printed name      Current Cross-listing Department Chair      signature

a. Proposed – REMOVE current cross-listing:  \_\_\_\_\_ / \_\_\_\_\_  
printed name      Current Cross-listing Department Chair      signature

b. Proposed – ADD cross-listing: \_\_\_\_\_ / \_\_\_\_\_  
Prefix & Number      printed name      Proposed Cross-listing Department Chair      signature

12. Current Distance Learning (DL) status:     Already approved for DL     Please Add     Please Drop  
*If PROPOSING, check one of the methods below that reflects how the majority of the course content will be delivered.*  
          Internet/Web-based                               Interactive Video                               Extended Campus

13. Current prerequisites:  
 Telecom major status or consent of instructor \_\_\_\_\_  
 \_\_\_\_\_  
 Proposed prerequisites:  
 Telecom major or minor status of consent of instructor \_\_\_\_\_  
 \_\_\_\_\_

14. Current Bulletin description:  
 An examination of the structure of video entertainment and on-line communications organizations and industries. Includes the organization and management of various types of telecommunications properties, as well as their traditional and new competitors. Prereq: Telecom major status or consent of instructor.  
 \_\_\_\_\_  
 Proposed Bulletin description:  
 An examination of the structure of video entertainment and on-line communications organizations and industries. Includes the organization and management of various types of telecommunications properties, as well as their traditional and new competitors. Telecom major or minor status of consent of instructor.  
 \_\_\_\_\_  
 \_\_\_\_\_

15. What has prompted this change?  
 The content of the course is more appropriate for the 400-level, and the course should not be available for graduate students to take for graduate credit. The new pre-requisite signifies that TEL major or minor status is sufficient for enrollment in the course; otherwise, consent of instructor must be obtained.  
 \_\_\_\_\_  
 \_\_\_\_\_

16. If there are to be significant changes in the content or teaching objectives of this course, indicate changes:  
 N.A.  
 \_\_\_\_\_  
 \_\_\_\_\_

17. Please list any other department that could be affected by the proposed change:  
 N.A.  
 \_\_\_\_\_

18. Will changing this course change the degree requirements for ANY program on campus?                               YES     NO  
 If YES<sup>‡</sup>, list below the programs that require this course:  
 \_\_\_\_\_  
 \_\_\_\_\_

<sup>‡</sup>In order for the course change to be considered, program change form(s) for the programs above must also be submitted.

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19. Is this course currently included in the University Studies Program?  Yes  No

20.  Check box if changed to 400G or 500. If changed to 400G- or 500-level, you must include a syllabus showing differentiation for undergraduate and graduate students by (i) requiring additional assignments by the graduate students; and/or (ii) the establishment of different grading criteria in the course for graduate students. (See SR 3.1.4)

21. Within the department, who should be contacted for further information on the proposed course change?

Dr. Thomas R. Lindlof Phone: 257-4242 Email: Lindlof@uky.edu

22. Signatures to report approvals:

12/1/08  
DATE of Approval by  
Department Faculty

1/12/09  
DATE of Approval by College  
Faculty


3/3/09  
\*DATE of Approval by  
Undergraduate Council

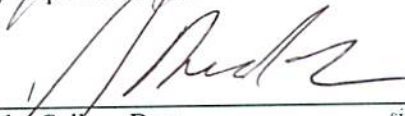
\_\_\_\_\_  
\*DATE of Approval by Graduate  
Council

\_\_\_\_\_  
\*DATE of Approval by Health  
Care Colleges Council (HCCC)

\_\_\_\_\_  
\*DATE of Approval by Senate  
Council

\_\_\_\_\_  
\*DATE of Approval by the  
University Senate

Dr. Beth Barnes Reported by Department Chair  signature

Dr. J. David Johnson Reported by College Dean  signature

S. Gill Reported by Undergraduate Council Chair  signature

\_\_\_\_\_  
printed name Reported by Graduate Council Chair / signature

\_\_\_\_\_  
printed name Reported by Health Care Colleges Council Chair / signature

\_\_\_\_\_  
Reported by Office of the Senate Council

\_\_\_\_\_  
Reported by the Office of the Senate Council

\*If applicable, as provided by the *University Senate Rules*. (<http://www.uky.edu/USC/New/RulesandRegulationsMain.htm>)

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Excerpt from *University Senate Rules*:

SR 3.3.0.G.2: **Definition.** A request may be considered a minor change if it meets one of the following criteria:

- a. change in number within the same hundred series;
- b. editorial change in the course title or description which does not imply change in content or emphasis;
- c. a change in prerequisite(s) which does not imply change in content or emphasis, or which is made necessary by the elimination or significant alteration of the prerequisite(s);
- d. a cross-listing of a course under conditions set forth in SR 3.3.0.E;
- e. correction of typographical errors.