

April 6, 2013, MEMORANDUM, updated May 3, 2013, updated January 28, 2014 per request of Janis Ellis.

859-257-3469
www.ca.uky.edu/students

TO: Undergraduate Council Chair Karen Badger

FROM: Undergraduate Curriculum Committee Chair, COA, Larry Grabau

RE: Change in ownership of HMT-prefixed courses.

The courses in the table below are to be transferred in ownership from the Department of Dietetics and Human Nutrition (DHN) to the Department of Merchandising, Apparel and Textiles (which is in the midst of changing its name to Retailing, Tourism and Management). Note that some HMT courses are going through review processes at present; those course change forms were marked as “no change” in course ownership. In every HMT case, this memo should act as the ultimate arbiter of final ownership of all HMT courses. Note that no HMT courses currently exist at levels about 499 (although 480 and 488 are proposed for renumbering as 580 and 588). Note that this process (using a course change form) was as directed by SC Chair Lee Blonder—see e-mail below.

Jan 7, 2013 E-mail from Lee Blonder to Larry Grabau and others: “This is considered a major change and you will need to complete the course change form attached. Unfortunately at this time there is no mechanism in eCATS to do any bulk actions. Please send a proposal (via PDF) to Undergraduate Council and include the following: one course change form that has the section “I. General Information” filled out completely. Please enter “see attached” in the field 2.a. Then, please include a table that lists every course that is transferring, along with a sentence to the effect of “all the courses below will change ownership from dept X to dept Y.” If you have any further questions, please contact me or Sheila Brothers. Thank you and best wishes, Lee Blonder, Senate Council Chair”

<u>Course</u>	<u>Current ownership</u>	<u>New ownership</u>
HMT 120	DHN	RTM
HMT 210	DHN	RTM
HMT 270	DHN	RTM
HMT 308	DHN	RTM
HMT 320	DHN	RTM
HMT 330	DHN	RTM
HMT 345	DHN	RTM
HMT 350	DHN	RTM
HMT 359	DHN	RTM
HMT 360	DHN	RTM
HMT 370	DHN	RTM
HMT 395	DHN	RTM
HMT 460	DHN	RTM
HMT 470	DHN	RTM
HMT 480	DHN	RTM
HMT 488	DHN	RTM
HMT 499	DHN	RTM

COURSE CHANGE FORM

Complete 1a – 1f & 2a – 2c. Fill out the remainder of the form as applicable for items being changed.

1. General Information.					
a. Submitted by the College of: <u>Agriculture</u>		Today's Date: <u>February 2, 2013</u>			
b. Department/Division: <u>Dietetics and Human Nutrition</u>					
c. Is there a change in "ownership" of the course? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
If YES, what college/department will offer the course instead? <u>Retailing and Tourism Management</u>					
d. What type of change is being proposed? <input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor ¹ (place cursor here for minor change definition)					
e. Contact Person Name: <u>Kwaku Addo</u>		Email: <u>kaddo01@uky.edu</u>		Phone: <u>7-7784</u>	
f. Requested Effective Date: <input checked="" type="checkbox"/> Semester Following Approval OR <input type="checkbox"/> Specific Term ² : _____					
2. Designation and Description of Proposed Course.					
a. Current Prefix and Number: <u>Please see attached.</u>		Proposed Prefix & Number: _____			
b. Full Title: _____		Proposed Title: _____			
c. Current Transcript Title (if full title is more than 40 characters): _____					
Proposed Transcript Title (if full title is more than 40 characters): _____					
d. Current Cross-listing: <input type="checkbox"/> N/A OR Currently ³ Cross-listed with (Prefix & Number): _____					
Proposed – <input type="checkbox"/> ADD ³ Cross-listing (Prefix & Number): _____					
Proposed – <input type="checkbox"/> REMOVE ^{3,4} Cross-listing (Prefix & Number): _____					
e. Courses must be described by <u>at least one</u> of the meeting patterns below. Include number of actual contact hours ⁵ for each meeting pattern type.					
Current: _____ Lecture _____ Laboratory ⁵ _____ Recitation _____ Discussion _____ Indep. Study					
_____ Clinical _____ Colloquium _____ Practicum _____ Research _____ Residency					
_____ Seminar _____ Studio _____ Other – Please explain: _____					
Proposed: _____ Lecture _____ Laboratory _____ Recitation _____ Discussion _____ Indep. Study					
_____ Clinical _____ Colloquium _____ Practicum _____ Research _____ Residency					
_____ Seminar _____ Studio _____ Other – Please explain: _____					
f. Current Grading System: <input type="checkbox"/> Letter (A, B, C, etc.) <input type="checkbox"/> Pass/Fail					
Proposed Grading System: <input type="checkbox"/> Letter (A, B, C, etc.) <input type="checkbox"/> Pass/Fail					
g. Current number of credit hours: _____ Proposed number of credit hours: _____					

Comment [OSC1]: Excerpt from 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.

*...for the specific purposes of the minor exception rule, the 600-799 courses are the same "hundred series," as long as the other minor change requirements are complied with. [RC 1/15/09]

¹ See comment description regarding minor course change. *Minor changes are sent directly from dean's office to Senate Council Chair.* If Chair deems the change as "not minor," the form will be sent to appropriate academic Council for normal processing and contact person is informed.
² Courses are typically made effective for the semester following approval. No course will be made effective until all approvals are received.
³ Signature of the chair of the cross-listing department is required on the Signature Routing Log.
⁴ Removing a cross-listing does not drop the other course – it merely unlinks the two courses.
⁵ Generally, undergrad courses are developed such that one semester hr of credit represents 1 hr of classroom meeting per wk for a semester, exclusive of any lab meeting. Lab meeting generally represents at least two hrs per wk for a semester for 1 credit hour. (See SR 5.2.1.)

COURSE CHANGE FORM

h. Currently, is this course repeatable for additional credit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Proposed to be repeatable for additional credit?</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>If YES: Maximum number of credit hours: _____</i>		
<i>If YES: Will this course allow multiple registrations during the same semester?</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
i. Current Course Description for Bulletin: _____		
<i>Proposed Course Description for Bulletin:</i> _____		
j. Current Prerequisites, if any: _____		
<i>Proposed Prerequisites, if any:</i> _____		
k. Current Distance Learning(DL) Status: <input type="checkbox"/> N/A <input type="checkbox"/> Already approved for DL* <input type="checkbox"/> Please Add ⁶ <input type="checkbox"/> Please Drop		
*If already approved for DL, the Distance Learning Form must also be submitted <u>unless</u> the department affirms (by checking this box <input type="checkbox"/>) that the proposed changes do not affect DL delivery.		
l. Current Supplementary Teaching Component, if any: <input type="checkbox"/> Community-Based Experience <input type="checkbox"/> Service Learning <input type="checkbox"/> Both		
<i>Proposed Supplementary Teaching Component:</i> <input type="checkbox"/> Community-Based Experience <input type="checkbox"/> Service Learning <input type="checkbox"/> Both		
3. Currently, is this course taught off campus?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Proposed to be taught off campus?</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Are significant changes in content/teaching objectives of the course being proposed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, explain and offer brief rationale: _____		
5. Course Relationship to Program(s).		
a. Are there other depts and/or pgms that could be affected by the proposed change?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, identify the depts. and/or pgms: _____		
b. Will modifying this course result in a new requirement⁷ for ANY program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES ⁷ , list the program(s) here: _____		
6. Information to be Placed on Syllabus.		
a.	<input type="checkbox"/> Check box if <u>changed to</u> 400G or 500.	If <u>changed to</u> 400G- or 500-level course you must send in a syllabus and <i>you must include the differentiation</i> between undergraduate and graduate students by: (i) requiring additional assignments by the graduate students; and/or (ii) establishing different grading criteria in the course for graduate students. (See <i>SR 3.1.4.</i>)

⁶ You must *also* submit the Distance Learning Form in order for the course to be considered for DL delivery.

⁷ In order to change a program, a program change form must also be submitted.

COURSE CHANGE FORM

Signature Routing Log

General Information:

Course Prefix and Number: HMT, all courses, please see attached
 Proposal Contact Person Name: Kwaku Addo Phone: 7-7784 Email: kaddo01@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
Department of Dietetics and Human Nutrition	3/18/2013	Sandra Bastin / 7-3800 / sbastin@uky.edu	
Department of Retailing and Tourism Management	3/21/2013	Kwaku Addo / 7-7784 / kaddo01@uky.edu	
Undergraduate Curriculum Committee, College of Agriculture	3/22/2013	Larry J. Grabau / 7-3469 / lgrabau@uky.edu	
		/ /	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁸
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

⁸ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.