Once approved at the college level, your college will send the proposal to the appropriate Senate academic council (HCCC and/or UC) for review and approval. Once approved at the academic council level, the academic council will send your proposal to the Senate Council office for additional review and then a 10-day posting online, during which senators review on their own and have an option to register an objection if they so desire. If no objection is raised to the Senate Council Office within ten days of the posting the proposal, then the program change is approved. The Senate Council Office will report approvals to the Provost, Registrar and other appropriate entities, including the contact person.

For each change, you MUST enter the current language/requirement as well as the change.

1. Gen	eral Information							
College	e ¹ :		Departme	nt¹:				
Curren	t minor name:			Proposed r	minor name:			
CIP Co	de:							
Today	s Date:							
	<u> </u>							
Reque	sted effective date:	Fall semest	er followin	g approval.	OR S	Specific	Date²: Fall	20
Contac	ct person name:		Phon	e / Email:	/			
	<u>'</u>		·					
2. Ove	rview of Changes							
2a	Describe the rationale	for the changes.	(450 word	limit)				
2b	Will the requested cha	anges result in the	use of cou	rses from a	nother unit?		Yes 🗌	No 🗌
	If "Yes," describe gene	erally the courses	and how th	ey will used	l.			
	If "Yes," two pieces of	supporting docur	mentation a	are required				
	Check to confirm t	• •			a letter of suppor	t from t	he other un	its'
	chair/director ³ from w	hich individual co	ourses will b	e used.				
	Check to confirm t	hat annended to t	the end of	hic form ic	verification that t	ho chair	/director of	f the other
	unit has consent from	• • •					-	
	ae nas consent nom	racarry mem	22.3 21 1.10		p.camp takes tile i			
2c	Will the minor's facult	y of record chang	e?				Yes 🗌	No 🗌
	If "Yes," indicate curre			nges below	(150 word limit)			
	Current:	•		Propos	ed:			
	<u> </u>			,				

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¹ It is not possible to change the home academic unit of a degree program via this form. To change the home unit, visit http://www.uky.edu/faculty/senate and search for forms related to academic organizational structure.

² No program will be effective until all approvals are received.

³ A dean may submit a letter only when there is no educational unit below the college level, i.e. there is no department/school.

3. Cour	se-Related Cha	nges				
		's prerequisites change?				Yes No No
	If "Yes," use th	e grid below to illustrate th	ne changes	5.		
	C	urrent			Proposed	
Prefix 8 Nmbr		Title	Prefix & Credit & Title Nmbr Hrs		Title	Course Status ⁴
						Select one
						Select one
						Select one
						Select one
						Select one
						Select one
				1		
3b	Provide the na	arrative about the changed	prerequis	ites to inclu	ude in the Bulletin. (150)	word limit)
			<u> </u>			,
3c	Will the minor	's required courses change	2			Yes No
30		ne grid below to illustrate the		<u> </u>		163 110
		urrent	ile change	3.	Proposed	
		urrent	Prefix		rroposeu	
Prefix 8 Nmbr		Title	& Nmbr	Credit Hrs	Title	Course Status ⁵
						Select one
						Select one
						Select one
						Select one
						Select one
						Select one
						Select one
						Select one
						Select one
						Select one
						Select one
3d	Provide the na	arrative about the changed	required (courses to i	include in the Rulletin <i>(1</i>	50 word limit\
Ju	Trovide the He	arrative about the challged	required (- Curses to	meidde iii tiie builetiii. (1	

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⁴ Use the drop-down list to indicate if the course is a new course ("new"), an existing course that will change ("change"), or if the course is an existing course that will not change ("n/c").

⁵ Indicate if the course is new ("new"), existing but will change ("change"), or exists but will not change ("no change").

3e	Will the mine	or's elective courses ch	nange?				Yes		No 🗌
	If "Yes," use	the grid below to illust	trate the changes	5.					
	I	Current				Proposed			
Prefix Nmb		Title	Prefix & Nmbr	Credit Hrs		Title	Course Statu		rse Status ⁶
								Selec	t one
								Selec	t one
								Selec	t one
								Selec	t one
								Selec	t one
								Selec	t one
								Selec	t one
								Selec	t one
								Selec	t one
								Selec	t one
3f	Provide the i	narrative about the ch	anged elective co	ourses to in	clude in	the Bulletin.	(150 wo	rd limi	t)
4. Oth	er Changes	v other changes to t	the main and If "Ve	os" noto k	volovu /	150 word			
4a	limit)	ny other changes to t	ine minore ii 🤫	es, note t	pelow. (150 word	Yes		No 🗌
	rovals/Review								
<mark>Info</mark>		w does not supersede	•						
		ntors and verification on the ving Group Name	Date Approve			e form of me			
5a	(Within Colle		Date Approve	eu Com	actrei	SUII IVAIIIE/ I	riiolie/i	-IIIaII	
	(TTTETIME COME	.60/				1			
					'				
						/			
					/	/			
5b	(Collaboration	ng and/or Affected U	nits)						
30	(Conduction atti	is ana, or Affected O	11163/			1			
					/	/			

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⁶ Indicate if the course is new ("new"), existing but will change ("change"), or exists but will not change ("no change").

			/	/	
			/	/	
			/	/	
		1	'		
5c	(Sen	ate Academic Council)	Date Approved		Contact Person Name
5c	(Sena	ate Academic Council) Health Care Colleges Council (if applicable)			Contact Person Name

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