APPLICATION FOR NEW COURSE

1. Submitted by the College of College of Education Date: 3/20/08

Department/Division proposing course: Special Education & Rehabilitation Counseling

2. Proposed designation and Bulletin description of this course:

   a. Prefix and Number IEC 395
   
   b. Title* Independent Study In Early Childhood

*If title is longer than 24 characters, offer a sensible title of 24 characters or less: IEC Independent Study

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

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

   d. Please choose a grading system: ☒ Letter (A, B, C, etc.) ☐ Pass/Fail
   
   e. Number of credit hours: 1-6

   f. Is this course repeatable? YES ☒ NO ☐ If YES, maximum number of credit hours: 12

   g. Course description:

      An independent study course for undergraduate students with an interest in a specific topic in early childhood. Offered by appointment.

   h. Prerequisite(s), if any:

      None

   i. Will this course also be offered through Distance Learning? YES ☐ NO ☒

      If YES, please 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 ☐

3. Supplementary teaching component: ☒ N/A or ☐ Community-Based Experience ☐ Service Learning ☐ Both

4. To be cross-listed as:

   Prefix and Number Printed name Cross-listing Department Chair Signature

5. Requested effective date (term/year): Fall / 2009
6. Course to be offered (please check all that apply):  ☑ Fall  ☑ Spring  ☑ Summer

7. Will the course be offered every year?  ☑ YES  ☐ NO
   If NO, please explain:

8. Why is this course needed?
   Students have enrolled in EDS 395 in the past. This new course allows a student's transcript to reflect their specific field of study.

9. a. By whom will the course be taught?  All early childhood faculty.
   b. Are facilities for teaching the course now available?  ☑ YES  ☐ NO
   If NO, what plans have been made for providing them?

10. What yearly enrollment may be reasonably anticipated?
    5-10

11. a. Will this course serve students primarily within the department?  ☑ Yes  ☐ No
   b. Will it be of interest to a significant number of students outside the department?  ☐ YES  ☑ NO
   If YES, please explain.

12. Will the course serve as a University Studies Program course?  ☐ YES  ☑ NO
    If YES, under what Area?

AS OF SPRING 2007, THERE IS A MORATORIUM ON APPROVAL OF NEW COURSES FOR USP.

13. Check the category most applicable to this course:
   ☑ traditional – offered in corresponding departments at universities elsewhere
   ☐ relatively new – now being widely established
   ☐ not yet to be found in many (or any) other universities

14. Is this course applicable to the requirements for at least one degree or certificate at UK?  ☐ Yes  ☑ No

15. Is this course part of a proposed new program?
   If YES, please name:
   ☐ YES  ☑ NO

16. Will adding this course change the degree requirements for ANY program on campus?
    If YES, list below the programs that will require this course:
   ☐ YES  ☑ NO

In order to change the program(s), a program change form(s) must also be submitted.
17. ☑ The major teaching objectives of the proposed course, syllabus and/or reference list to be used are attached.

18. ☐ The course is 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)

19. Within the department, who should be contacted for further information about the proposed new course?

Name: Kim F. Townley Phone: 257-9776 Email: kim.townley@uky.edu

20. Signatures to report approvals:

   Date of Approval by Department Faculty
   April 2008

   Date of Approval by College Faculty
   April 7, 2009

   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 University Senate

Debra Harley
Reported by Department Chair

Rosetta Sandridge
Reported by College Dean

* Date of Approval by Undergraduate Council Chair

* Date of Approval by Graduate Council Chair

* Date of Approval by Health Care Colleges Council Chair

* Date of Approval by Senate Council

* Date of Approval by University Senate

* If applicable, as provided by the University Senate Rules. (http://www.uky.edu/USC/New/RulesandRegulations/Main.htm)