APPLICATION FOR COURSE CHANGE (MAJOR AND MINOR)

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:  Medicine  
   b. Department/Division:  Medicine  
   c. Is there a change in "ownership" of the course?  YES ☐  NO ☒
      If YES, what college/department will offer the course instead?  N/A
   d. What type of change is being proposed?  ☒ Major  ☐ Minor ¹ (place cursor here for minor change definition)
   e. Contact Person Name:  C. Darell Jennings  
      Email:  cdjenn@uky.edu  
      Phone:  7-5286
   f. Requested Effective Date:  ☒ Semester Following Approval  
      OR  ☐ Specific Term²:  

2. Designation and Description of Proposed Course.
   a. Current Prefix and Number:  MD800  
      Proposed Prefix & Number:  N/A
   b. Full Title:  Special Topics Course  
      Proposed Title:  N/A
   c. Current Transcript Title (if full title is more than 40 characters):  Special Topics Course
   c. Proposed Transcript Title (if full title is more than 40 characters):  N/A
   d. Current Cross-listing:  ☒ N/A  
      OR  Currently³ Cross-listed with (Prefix & Number):  N/A
      Proposed – ☐ ADD³ Cross-listing (Prefix & Number):  N/A
      Proposed – ☐ REMOVE³,⁴ Cross-listing (Prefix & Number):  N/A
   e. Courses must be described by at least one of the meeting patterns below. Include number of actual contact hours⁵ for each meeting pattern type.
      Current:  
      Proposed:  
   f. Current Grading System:  ☐ Letter (A, B, C, etc.)  
      ☒ Pass/Fail
   g. Current number of credit hours:  0 - 3  
      Proposed number of credit hours:  0 - 4

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.)
APPLICATION FOR COURSE CHANGE (MAJOR AND MINOR)

h. Currently, is this course repeatable for additional credit?  
   Proposed to be repeatable for additional credit?  
   If YES: Maximum number of credit hours: 16  
   If YES: Will this course allow multiple registrations during the same semester?  
   YES ☐ NO ☑

This special topics course will be used for students who must complete activities outside of the medical curriculum in order to meet graduation requirements. In particular, students who must complete prescribed remediation that does not involve repeating a formal course or who must complete licensing exams in order to graduate would use this mechanism. Additionally, this course could be used for student research activities.

i. Current Course Description for Bulletin: 

Proposed Course Description for Bulletin: same as current course description

j. Current Prerequisites, if any:  N/A

Proposed Prerequisites, if any:  N/A

k. Current Distance Learning(DL) Status:  ☒ N/A ☐ Already approved for DL* ☐ Please Add ☐ Please Drop

*If already approved for DL, the Distance Learning Form must also be submitted unless the department affirms (by checking this box ☐) that the proposed changes do not affect DL delivery.

l. Current Supplementary Teaching Component, if any:  ☐ Community-Based Experience ☐ Service Learning ☐ Both

Proposed Supplementary Teaching Component:  ☐ Community-Based Experience ☐ Service Learning ☐ Both

3. Currently, is this course taught off campus?  
   Proposed to be taught off campus?  
   YES ☐ NO ☑

4. Are significant changes in content/teaching objectives of the course being proposed?  
   If YES, explain and offer brief rationale:  
   N/A

5. Course Relationship to Program(s).

a. Are there other depts and/or pgms that could be affected by the proposed change?  
   If YES, identify the depts. and/or pgms:  N/A

b. Will modifying this course result in a new requirement7 for ANY program?  
   If YES, list the program(s) here:  N/A

   YES ☐ NO ☑

6. Information to be Placed on Syllabus.

   a. Check box if 400G or 500.

   If changed to 400G- or 500-level course you must send in a syllabus and you must include the differentiation 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 SR 3.1.4.)

---

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.
APPLICATION FOR COURSE CHANGE (MAJOR AND MINOR)

Signature Routing Log

General Information:

Course Prefix and Number: MD800
Proposal Contact Person Name: C. Darell Jennings  Phone: 7-5286  Email: cdjenn@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:**

<table>
<thead>
<tr>
<th>Reviewing Group</th>
<th>Date Approved</th>
<th>Contact Person (name/phone/email)</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Chair</td>
<td></td>
<td>C. Darell Jennings / 7-5286 / <a href="mailto:cdjenn@uky.edu">cdjenn@uky.edu</a></td>
<td></td>
</tr>
<tr>
<td>COM Curriculum Committee</td>
<td></td>
<td>C. Darell Jennings / 7-5286 / <a href="mailto:cdjenn@uky.edu">cdjenn@uky.edu</a></td>
<td></td>
</tr>
<tr>
<td>COM Faculty Council</td>
<td></td>
<td>Martha Peterson / 7-5478 / <a href="mailto:mlpete01@uky.edu">mlpete01@uky.edu</a></td>
<td></td>
</tr>
<tr>
<td>COM Dean</td>
<td></td>
<td>Jay Perman / 3-6582 / <a href="mailto:japerm2@uky.edu">japerm2@uky.edu</a></td>
<td></td>
</tr>
<tr>
<td>HCCC</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**External-to-College Approvals:**

<table>
<thead>
<tr>
<th>Council</th>
<th>Date Approved</th>
<th>Signature</th>
<th>Approval of Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate Council</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate Council</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Care Colleges Council</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senate Council Approval</td>
<td></td>
<td>University Senate Approval</td>
<td></td>
</tr>
</tbody>
</table>

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.