REQUEST FOR NEW COURSE

1. General Information.
   a. Submitted by the College of: Pharmacy
   b. Department/Division: Pharmacy Practice & Science
   c. Contact person name: Tamela Harper
      Email: tjharpo00@email.uky.edu
      Phone: 257-9384
   d. Requested Effective Date: ☐ Semester following approval ☑ Specific Term/Year
      Today's Date: 11/23/09
      OR Specific Term/Year: Spring 2010

2. Designation and Description of Proposed Course.
   a. Prefix and Number: PPS 767
   b. Full Title: Dissertation Residency Credit
   c. Transcript Title (if full title is more than 40 characters): Dissertation Residency
   d. To be Cross-Listed with [Prefix and Number]: N/A
   e. Courses must be described by at least one of the meeting patterns below. Include number of actual contact hours for each meeting pattern type.
      ______ Lecture ______ Laboratory ______ Recitation ______ Discussion ______ Indep. Study
      ______ Clinical ______ Colloquium ______ Practicum 2+ Research ______ Residency
      ______ Seminar ______ Studio ______ Other – Please explain: ______
   f. Identify a grading system: ☑ Letter (A, B, C, etc.) ☐ Pass/Fail
   g. Number of credits: 2+
   h. Is this course repeatable for additional credit? YES ☑ NO ☐
      If YES: Maximum number of credit hours: 12
      If YES: Will this course allow multiple registrations during the same semester? YES ☐ NO ☑
   i. Course Description for Bulletin: Residency credit for dissertation research after qualifying examination. A minimum of two semesters are required as well as continuous enrollment until dissertation is completed and defended.
   j. Prerequisites, if any: Graduate standing and permission of instructor.
   k. Will this course also be offered through Distance Learning? YES ☐ NO ☑
   l. Supplementary teaching component, if any: ☐ Community-Based Experience ☐ Service Learning ☐ Both

3. Will this course be taught off campus? YES ☐ NO ☑

4. Frequency of Course Offering.

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1 Courses are typically made effective for the semester following approval. No course will be made effective until all approvals are received.
2 The chair of the cross-listing department must sign off on the Signature Routing Log.
3 In general, undergraduate courses are developed on the principle that one semester hour of credit represents one hour of classroom meeting per week for a semester, exclusive of any laboratory meeting. Laboratory meeting, generally, represents at least two hours per week for a semester for one credit hour. (From SR 5.2.3)
4 You must also submit the Distance Learning Form in order for the proposed course to be considered for DL delivery.
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a. Course will be offered (check all that apply): ☒ Fall ☒ Spring ☒ Summer

b. Will the course be offered every year? YES ☒ NO ☐
   If NO, explain: _______

5. Are facilities and personnel necessary for the proposed new course available? YES ☐ NO ☒
   If NO, explain: _______

6. What enrollment (per section per semester) may reasonably be expected? 15

7. Anticipated Student Demand.
   a. Will this course serve students primarily within the degree program? YES ☒ NO ☐
   b. Will it be of interest to a significant number of students outside the degree pgm? YES ☒ NO ☐
      If YES, explain: _______

8. Check the category most applicable to this course:
   ☒ Traditional – Offered in Corresponding Departments at Universities Elsewhere
   ☐ Relatively New – Now Being Widely Established
   ☐ Not Yet Found in Many (or Any) Other Universities

9. Course Relationship to Program(s).
   a. Is this course part of a proposed new program? YES ☒ NO ☐
      If YES, name the proposed new program: Ph.D. Pharmaceutical Outcomes & Policy
   b. Will this course be a new requirement\(^5\) for ANY program? YES ☐ NO ☒
      If YES\(^5\), list affected programs: _______

10. Information to be Placed on Syllabus.
    a. Is the course 400G or 500? YES ☐ NO ☒
       If YES, the differentiation for undergraduate and graduate students must be included in the information required in 10.b. You must include: (i) identification of additional assignments by the graduate students; and/or (ii) establishment of different grading criteria in the course for graduate students. (See SR 3.1.4.)
    b. ☐ The syllabus, including course description, student learning outcomes, and grading policies (and 400G-/500-level grading differentiation if applicable, from 10.a above) are attached.

\(^5\) In order to change a program, a program change form must also be submitted.

Rev 8/09
REQUEST FOR NEW COURSE

Signature Routing Log

**General Information:**

Course Prefix and Number: PPS 767 Dissertation Residency Credit
Proposal Contact Person Name: Jeffery Talbert  Phone: 260-1960  Email: jeff.talbert@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 Faculty</td>
<td>11-30-09</td>
<td>Jimmi Hatton / 323-0268 / <a href="mailto:jhatt1@email.uky.edu">jhatt1@email.uky.edu</a></td>
<td></td>
</tr>
<tr>
<td>Graduate Program Committee</td>
<td>10-29-09</td>
<td>Robert Yokel / 257-4855 / <a href="mailto:ryokel@uky.edu">ryokel@uky.edu</a></td>
<td></td>
</tr>
<tr>
<td>College Graduate Faculty</td>
<td>11-23-09</td>
<td>Robert Yokel / 257-4855 / <a href="mailto:ryokel@uky.edu">ryokel@uky.edu</a></td>
<td></td>
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**External-to-College Approvals:**

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<thead>
<tr>
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<tbody>
<tr>
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<td>Graduate Council</td>
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<td>Health Care Colleges Council</td>
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<tr>
<td>Senate Council Approval</td>
<td>3/16/10</td>
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**Comments:**

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