**UNIVERSITY OF KENTUCKY**  
**APPLICATION FOR NEW COURSE**

1. **Submitted by College of**  
   Medicine  
   ____________________________________________________________________  
   **Date** September 25, 2001  
   Department/Division offering course  
   School of Public Health  

2. **Proposed designation and Bulletin description of this course**  
   a. **Prefix and Number** SPH 749  
   b. **Title** Independent Studies in Behavioral Health  
      *NOTE: If the title is longer than 24 characters (including spaces), write*  
      A sensible title (not exceeding 24 characters) for use on transcripts  
      Ind Studies in Behav Hlth  
   c. **Lecture/Discussion hours per week** 1-3  
   d. **Laboratory hours per week** 0  
   e. **Studio hours per week** 0  
   f. **Credits** 1-3  
   g. **Course description**  
      Designed for advanced students with research or special study interest in Behavioral Health. Students are under guidance  
      and confer individually with faculty.  
   h. **Prerequisites (if any)**  
      Enrollment in a Public Health degree program or consent of the instructor.  
   i. **May be repeated to a maximum of** 6 semester hours (if applicable)  

4. **To be cross-listed as**  
   ____________________________________________________________________  
   **Prefix and Number**  
   **Signature, Chairman, cross-listing department**  

5. **Effective Date** Fall 2003 (semester and year)  

6. **Course to be offered**  
   - [ ] Fall  
   - [x] Spring  
   - [ ] Summer  

7. **Will the course be offered each year?**  
   (Explain if not annually)  
   - [x] Yes  
   - [ ] No  

8. **Why is this course needed?**  
   To enhance the skills of Public Health students with research or special study interest.  

9. a. **By whom will the course be taught?**  
    Faculty in the course area.  
   b. **Are facilities for teaching the course now available?**  
      If not, what plans have been made for providing them?  
      - [x] Yes  
      - [ ] No
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10. What enrollment may be reasonably anticipated? 1-6

11. Will this course serve students in the Department primarily?
   ☒ Yes  ☐ No

   Will it be of service to a significant number of students outside the Department?
   ☐ Yes  ☒ No

   If so, explain.

   Will the course serve as a University Studies Program course?
   ☐ Yes  ☒ No

   If yes, under what Area?

12. Check the category most applicable to this course

   ☒ traditional; offered in corresponding departments elsewhere;
   ☐ relatively new, now being widely established
   ☐ not yet to be found in many (or any) other universities

13. Is this course part of a proposed new program?
   If yes, which?
   ☐ Yes  ☒ No

14. Will adding this course change the degree requirements in one or more programs?*
   If yes, explain the change(s) below
   ☐ Yes  ☒ No

15. Attach a list of the major teaching objectives of the proposed course and outline and/or reference list to be used.

16. If the course is a 100-200 level course, please submit evidence (e.g., correspondence) that the Community College System has been consulted.

17. Within the Department, who should be contacted for further information about the proposed course?

   Name  Joel Lee, Dr.P.H.  Phone Extension  323-5059 x285

   *NOTE: Approval of this course will constitute approval of the program change unless other program modifications are proposed.
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Signatures of Approval:

________________________________  __________________________
Department Chair  Date

________________________________  __________________________
Dean of the College  Date

________________________________  __________________________
Date of Notice to the Faculty

________________________________  __________________________
*Undergraduate Council  Date

________________________________  __________________________
*University Studies  Date

________________________________  __________________________
*Graduate Council  Date

________________________________  __________________________
*Academic Council for the Medical Center  Date

________________________________  __________________________
*Senate Council (Chair)  Date of Notice to University Senate

*If applicable, as provided by the Rules of the University Senate

________________________________
ACTION OTHER THAN APPROVAL

Rev 11/98
Course description:
Designed for advanced students with research or special study interests in Behavioral Health. Students are under guidance and confer individually with faculty on approved topic(s). A written report or paper is expected and will be filed in the chairperson's office.

Prerequisite:
Enrollment in the School of Public Health, or consent of instructor.

Course Credit:
The course is offered for variable credit of 1 to 3 semester hours and may be repeated to a maximum of six semester hours under different subtitles.

Course work:
Topics will be selected in consultation with the designated faculty instructor, and a standardized form will be completed defining the study topic, learning objectives, assignments, and criteria for grading.

Course Grading:
Course grading will be based upon the criteria stated in the University Bulletin.