APPLICATION FOR NEW COURSE

1. Submitted by College of ___________________________ Date 02/14/05

   Department/Division offering course  School of Architecture

2. Proposed designation and Bulletin description of this course

   a. Prefix and Number  ARC 748
   b. Title*  Master's Project Research

      *NOTE: If the title is longer than 24 characters (including spaces), write
      A sensible title (not exceeding 24 characters) for use on transcripts

   c. Lecture/Discussion hours per week
   d. Laboratory hours per week
   e. Studio hours per week
   f. Credits  0

   g. Course description

      Half-time to full-time work on Master's Project.

   h. Prerequisites (if any)

      All course work toward the degree must be completed.

   i. May be repeated to a maximum of 6 (if applicable)

4. To be cross-listed as

   Prefix and Number

   Signature, Chairman, cross-listing department

5. Effective Date  Fall 2005 (semester and year)

6. Course to be offered  ☒ Fall  ☒ Spring  ☒ Summer

7. Will the course be offered each year? (Explain if not annually)

   ☒ Yes  ☐ No

8. Why is this course needed?

   To continue to allow students access and privileges of the university as they pursue their research agendas.

9. a. By whom will the course be taught?  DGS

   b. Are facilities for teaching the course now available?
      If not, what plans have been made for providing them?

      ☒ Yes  ☐ No
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10. What enrollment may be reasonably anticipated? Less than ten students per year.

☐ Yes  ☐ No

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?
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 applicable to the requirements for at least one degree or certificate at the University of Kentucky?

☐ Yes  ☐ No

14. Is this course part of a proposed new program:

If yes, which?

☐ Yes  ☐ No

15. Will adding this course change the degree requirements in one or more programs?*

If yes, explain the change(s) below

☐ Yes  ☐ No

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

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

18. If the course is 400G or 500 level, include syllabi or course statement showing differentiation for undergraduate and graduate students in assignments, grading criteria, and grading scales. ☐ Check here if 400G-500.

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

Name  David Biagi  Phone Extension  7-2862

*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

Dean of the College

Date

Date

Date of Notice to the Faculty

Date

Date

Undergraduate Council

University Studies

Graduate Council

Academic Council for the Medical Center

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 3/04