APPLICATION FOR NEW COURSE

1. Submitted by College of  Design ___________________________ Date 01 June 2006
   Department/Division offering course  Historic Preservation __________________________________________________________________________

2. Proposed designation and Bulletin description of this course
   a. Prefix and Number  HP 785  b. Title*  Independent Study in Historic Preservation
      *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  0   d. Laboratory hours per week  0
   e. Studio hours per week  0   f. Credits  3
   g. Course description
      Independent investigation of selected topics in historic preservation under the supervision of a faculty member with
      proficiency in the investigation area. May be repeated for a maximum of six credits. Prereq: Nine credit hours of
      graduate study, written consent of instructor, and contractual agreement approved by Department Chair.

   h. Prerequisites (if any)
      Nine credit hours of graduate study, written consent of instructor, and contractual agreement approved by Department
      Chair.

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

4. To be cross-listed as
   N/A
   Prefix and Number ___________________________ Signature, Chairman, cross-listing department

5. Effective Date  Fall 2007 (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?
   This course provides the opportunity for graduate level independent study under a department course number.

9. a. By whom will the course be taught?  Department faculty

   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?  
    under 5 students per semester

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.

   ☐ Yes    ☒ No

12. 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? ____________________________________________

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:   Clyde Carpenter, Department Chair  Phone Extension:  7-3651

*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

*Undergraduate Council

*University Studies

*Graduate Council

*Academic Council for the Medical Center

*Senate Council (Chair)

Date

Date

Date

Date

Date of Notice to University Senate

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

ACTION OTHER THAN APPROVAL

Rev 3/04
HP 785 will require an individualized contract between the instructor, student, and Department Chair. Each contract will outline student learning objectives, course requirements, and completion schedules.
HP 785 INDEPENDENT STUDY IN HISTORIC PRESERVATION

LEARNING CONTRACT

Student Name:
Term/Year
Address:
City/ST/Zip:
Phone:
Email:
SSN#

Faculty Member serving as Instructor/Advisor
Name
Address:
City/ST/Zip
Phone:

Starting Date:          Ending Date:

Describe your independent study project/investigation:

List your learning objectives for this project/investigation. They must be measurable and achievable.

Specify the assignments and deliverable end products agreed upon with your instructor/advisor

Specify dates and times you have agreed to meet with your instructor for critical review of your work:
<table>
<thead>
<tr>
<th>Faculty Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Dept. Chair Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Student Signature</td>
<td>Date</td>
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