APPLICATION FOR NEW COURSE

1. Submitted by the College of Agriculture ___________________________ Date: 09/20/07 __________

Department/Division proposing course: Merchandising, Apparel and Textiles

2. Proposed designation and Bulletin description of this course:
   a. Prefix and Number MAT 768

   b. Title’ Residence Credit for the Master’s Degree

   *If title is longer than 24 characters, write a sensible title (24 characters or less) for use on transcripts:

   c. Courses must be described by at least one of the categories below. Include the number of actual contact hours per week for each category, as applicable.

   (___) CLINICAL  (___) COLLOQUIUM  (___) DISCUSSION  (___) LABORATORY  (___) LECTURE
   (___) INDEPEND. STUDY  (___) PRACTICUM  (___) RECITATION  (___) RESEARCH  (X) RESIDENCY
   (___) SEMINAR  (___) STUDIO  (___) OTHER — Please explain: ________________________________

   d. Please choose a grading system: [ ] Letter (A, B, C, etc.) [X] Pass/Fail

   e. Number of credit hours: 1-6

   f. Is this course repeatable? YES [X] NO [ ] If YES, maximum number of credit hours: 12

   g. Course description:
   May be repeated to a maximum of 12 credit hours.

   h. Prerequisite(s), if any:
   All coursework must be completed before registration for the course.

   i. Will this course be offered through Distance Learning? YES [ ] NO [X]

   If YES, please identify one of the methods below that reflects how the majority of the course content will be delivered:
   [ ] Internet/Web-based  [ ] Interactive video  [ ] Extended campus  [ ] Kentucky Educational Television (KET/teleweb)  [ ] Other

   Please describe “Other”:

3. Teaching method: [ ] N/A or [ ] Community-Based Experience  [ ] Service Learning Component  [ ] Both

4. To be cross-listed as:

   PREFIX and NUMBER ________________________________________________________________

   SIGNATURE of chair of cross-listing department

5. Requested effective date (term/year): Fall / 2008
APPLICATION FOR NEW COURSE

6. Course to be offered (please check all that apply): ☑ Fall ☑ Spring ☑ Summer

7. Will the course be offered every year? ☑ YES ☐ NO
   If NO, please explain:

8. Why is this course needed?
   Proposed split with Interior Design at the graduate level.

9. a. By whom will the course be taught? Director of Graduate Studies
   b. Are facilities for teaching the course now available? ☑ YES ☐ NO
      If NO, what plans have been made for providing them?

10. What yearly enrollment may be reasonably anticipated?

11. a. Will this course serve students primarily within the department? ☑ Yes ☐ No
    b. Will it be of interest to a significant number of students outside the department? ☑ YES ☐ NO
       If YES, please explain.

12. Will the course serve as a University Studies Program course? ☑ YES ☐ NO
    If YES, under what Area? ____________________________________________

    †AS OF SPRING 2007, THERE IS A MORATORIUM ON APPROVAL OF NEW COURSES FOR USP.

13. Check the category most applicable to this course:
    ☐ traditional – offered in corresponding departments at universities elsewhere
    ☐ relatively new – now being widely established
    ☐ not yet to be found in many (or any) other universities

14. Is this course applicable to the requirements for at least one degree or certificate at UK? ☑ Yes ☐ No

15. Is this course part of a proposed new program? ☑ YES ☐ NO
    If YES, please name: ____________________________________________

16. Will adding this course change the degree requirements for ANY program on campus? ☑ YES ☐ NO
    If YES†, list below the programs that will require this course:

†In order to change the program(s), a program change form(s) must also be submitted.
APPLICATION FOR NEW COURSE

17. ☑ The major teaching objectives of the proposed course, syllabus and/or reference list to be used are attached.

18. ☐ Check box if course is 400G or 500. If the course is 400G- or 500-level, you must include a syllabus showing differentiation for undergraduate and graduate students by (i) requiring additional assignments by the graduate students; and/or (ii) the establishment of different grading criteria in the course for graduate students. (See SR 3.1.4)

19. Within the department, who should be contacted for further information about the proposed new course?
Name: ___________________________ Phone: ___________________________ Email: ___________________________

20. Signatures to report approvals:

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*If applicable, as provided by the University Senate Rules*
UNIVERSITY OF KENTUCKY
APPLICATION FOR CHANGE IN EXISTING COURSE: MAJOR & MINOR

1. Submitted by College of Agriculture ______________________________ Date 9-20-07
Department/Division offering course Merchandising, Apparel and Textiles ______________________________

2. Changes proposed:
(a) Present prefix & number DMT 768 Proposed prefix & number MAT 768
(b) Present Title Residence Credit for the Master’s Degree
New Title Same title
(c) If course title is changed and exceeds 24 characters (Including spaces), include a sensible title (not to exceed 24 characters) for use on transcripts:

(d) Present credits: 1-6 Proposed credits: 1-6
(e) Current lecture: laboratory ratio ______________________________ Proposed: ______________________________
(f) Effective Date of Change: (Semester & Year) Fall, 2008

3. To be Cross-listed as: n/a

4. Proposed change in Bulletin description:
(a) Present description (including prerequisite(s):
May be repeated to a maximum of 12 hours.

(b) New description:
Same
(c) Prerequisite(s) for course as changed: Same

5. What has prompted this proposal?
Proposed split with Interior Design at Graduate level

6. If there are to be significant changes in the content or teaching objectives of this course, indicate changes:
None

7. What other departments could be affected by the proposed change?
Interior Design/College of Design

8. Is this course applicable to the requirements for at least one degree or certificate at the University of Kentucky? X Yes □ No

9. Will changing this course change the degree requirements in one or more programs? □ Yes X No
If yes, please attach an explanation of the change. (NOTE – If “yes,” program change form must also be submitted.)

10. Is this course currently included in the University Studies Program? □ Yes X No
If yes, please attach correspondence indicating concurrence of the University Studies Committee.
11. 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.

12. Is this a minor change?
(Note: See the description on this form of what constitutes a minor change. Minor changes are sent directly from the Dean of the College to the Chair of the Senate Council. If the latter deems the change not to be minor, it will be sent to the appropriate Council for normal processing.)

13. Within the Department, who should be consulted for further information on the proposed course change?

Name: Susan Michelman Phone Extension: 7-9132

Signatures of Approval:

August 29, 2007

Date of Approval by Department Faculty

Date of Approval by College Faculty

*Date of Approval by Graduate Council

*Date of Approval by Health Care Colleges Council (HCCC)

*Date of Approval by Senate Council

*Date of Approval by University Senate

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

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The Minor Change route for courses is provided as a mechanism to make changes in existing courses and is limited to one or more of the following:

a. change in number within the same hundred series;
b. editorial change in description which does not imply change in content or emphasis;
c. editorial change in title which does not imply change in content or emphasis;
d. change in prerequisite which does not imply change in content or emphasis;
e. cross-listing of courses under conditions set forth in item 3.0;
f. correction of typographical errors. [University Senate Rules, Section III - 3.1]