APPLICATION FOR CHANGE IN EXISTING COURSE: MAJOR and MINOR

1. Submitted by the College of ___________________________ Date: 10/4/07

Department/Division offering course: Clinical Sciences/Physician Assistant Studies

2. What type of change is being proposed? ☒ Major ☐ Minor

*See the description at the end of this form regarding 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 Senate Council chair deems the change not to be minor, the form will be sent to the appropriate Council for normal processing and an email notification will be sent to the contact person.

PROPOSED CHANGES

Please complete all "Current" fields.

Fill out the "Proposed" field only for items being changed. Enter N/A if not changing.

Circle the number for each item(s) being changed. For example: 6.


4. Current Title

Clinical Laboratory Procedures

Proposed Title

N/A

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

Clin Lab Procedures

5. Current number of credit hours: 3 Proposed number of credit hours: N/A

6. Currently, is this course repeatable? YES ☐ NO ☒ If YES, current maximum credit hours: ________

Proposed to be repeatable? YES ☐ NO ☒ If YES, proposed maximum credit hours: ________

7. Current grading system: ☒ Letter (A, B, C, etc.) ☐ Pass/Fail

Proposed grading system: ☐ Letter (A, B, C, etc.) ☐ Pass/Fail

8. 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.

Current:

(____) CLINICAL (____) COLLOQUIUM (____) DISCUSSION (3) LABORATORY (2) LECTURE
(____) INDEPEND. STUDY (____) PRACTICUM (____) RECITATION (____) RESEARCH (____) RESIDENCY
(____) SEMINAR (____) STUDIO (____) OTHER – Please explain: ________________________________

Proposed:

(____) CLINICAL (____) COLLOQUIUM (____) DISCUSSION (2) LABORATORY (2) LECTURE
(____) INDEPEND. STUDY (____) PRACTICUM (____) RECITATION (____) RESEARCH (____) RESIDENCY
(____) SEMINAR (____) STUDIO (____) OTHER – Please explain: ________________________________

9. Requested effective date (term/year): Fall / 2008

10. Current teaching method: ☐ N/A ☐ Community-Based Experience ☐ Service Learning Component ☐ Both
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Proposed teaching method (if applicable): □ Community-Based Experience  □ Service Learning Component  □ Both

11. Current cross-listing: ☒ N/A

Prefix and Number
NAME of current cross-listing DEPARTMENT

a. Proposed – REMOVE the current cross-listing: □

b. Proposed – ADD a cross-listing:
Prefix and Number
Signature of chair of proposed cross-listing department

12. Current prerequisites:
Enrollment in the Physician Assistant Program

Proposed prerequisites:
N/A

13. Current Bulletin description:
This is a survey laboratory course covering common laboratory procedures performed in the primary care clinical setting. Emphasis will be placed on performing and interpreting basic clinical tests. Lecture, two hours; laboratory, three hours per week.

Proposed Bulletin description:
This is a survey laboratory course covering common laboratory procedures performed in the primary care clinical setting. Emphasis will be placed on performing and interpreting basic clinical tests. Lecture, two hours; laboratory, two hours per week.

14. What has prompted this change?
When switching to a graduate degree program, all course numbers were not changed to graduate numbers and this proposal will correct this. Furthermore, the lecture:lab ratio was listed incorrectly in the Bulletin. The proposed lecture:lab ratio accurately reflects 3 credit hours.

15. If there are to be significant changes in the content or teaching objectives of this course, indicate changes:
N/A

16. Please list any other department that could be affected by the proposed change:
N/A

17. Will changing this course change the degree requirements for ANY program on campus? ☒ YES □ NO
If YES\(^\d\)\(\)\(^\d\)\, list below the programs that require this course:
The course required for the Masters of Science in Physician Assistant Studies degree will change from PAS 857 to PAS 657.

\(^\d\) In order for the course change to be considered, program change form(s) for the programs above must also be submitted.

18. Is this course currently included in the University Studies Program? □ Yes ☒ No
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20. Within the department, who should be contacted for further information on the proposed course change?
Name: Julie Gurwell, PhD, PA-C  Phone: 323-1100, ext 80843  Email: jagur@uky.edu

21. Signatures to report approvals:

**DATE of Approval by Department Faculty**

**DATE of Approval by College Faculty**

**DATE of Approval by Undergraduate**

**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 the University Senate**

*If applicable, as provided by the University Senate Rules. ([http://www.uky.edu/USC/New/RulesandRegulationsMain.htm](http://www.uky.edu/USC/New/RulesandRegulationsMain.htm))*

Excerpt from University Senate Rules:

**SR 3.3.0.G.2:** Definition. A request may be considered a minor change if it meets one of the following criteria:

a. change in number within the same hundred series;
b. editorial change in the course title or description which does not imply change in content or emphasis;
c. a change in prerequisite(s) which does not imply change in content or emphasis, or which is made necessary by the elimination or significant alteration of the prerequisite(s);
d. a cross-listing of a course under conditions set forth in SR 3.3.0.E;
e. correction of typographical errors.

Rev 8/07