REQUEST FOR CHANGE IN MASTERS DEGREE PROGRAM

Program: Physician Assistant Studies

Department/Division: Department of Clinical Sciences

College: College of Health Sciences

Degree Title (Old): MSPAS

Major (New): MSPAS

CIP Code: M51.0807

HEGIS Code: 1299.10

Accrediting Agency (if applicable): 

I. CHANGE(S) IN PROGRAM REQUIREMENTS

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1. Number of transfer credits allowed (Graduate School limit: 9 hours or 25% of coursework)

2. Residence requirement (if applicable)

3. Language(s) and/or skill(s) required

4. Termination criteria

5. Plan A requirements*

6. Plan B requirements* | Oral defense | Option of oral or written defense

7. Distribution of course levels required (At least one half must be at 600+ level & two thirds must be in organized courses)

8. Required courses (if applicable)

9. Required distribution of courses within program (if applicable)

10. Final examination requirements

* If there is only one plan for the degree, plans involving a thesis (or the equivalent in studio work, etc.) should be discussed under Plan A and those not involving a thesis should be discussed under Plan B.

NOTE: To the extent that proposed changes in 5, 6 or 8 above involve the addition of courses in other programs, please submit correspondence from the other program(s) pertaining to the availability of such courses to your students.
II. RATIONALE FOR CHANGE(S)
If the rationale involves accreditation requirements, please include specific references to those requirements.
Experience with our first class of Masters students in requiring an oral defense has led us to the conclusion that the logistics of having 3 overlapping classes of students (for a total of 165) are unworkable in the long run. Scheduling of oral presentations for a graduating class of 55 students while dealing with 2 other classes of 55 students each is an unwieldy burden on the number of faculty that are available to serve on committees. As a result of our experience with the current class, we would like to continue to have our students complete a project for their degree, but rather than doing an oral defense, we wish to have the option of using a written exam. We can envisage a subset of students wishing to make an oral presentation, so we would like to keep the option of the students doing either an oral or written defense.
In reviewing our program, the faculty have also made decisions regarding several other changes, which will be submitted as a larger package in the future. However, the change in degree defense is a change that needs to be acted on promptly, as our first class is set to graduate in August, and we would like this option to apply to this first class.

Signature of Approval:

[Signature]
Date

[Signature]
Date of Notice to the Faculty

*Undergraduate Council
Date

*University Studies
Date

*Graduate Council
Date

Academic Council for the Medical Center
Date

Senate Council
Date of Notice to University Senate

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

ACTION OTHER THAN APPROVAL

Rev 11/98