UNIVERSITY OF KENTUCKY
REQUEST FOR CHANGE IN MAINTERS DEGREE PROGRAM

Program: Master of Science in Accounting
Department/Division: Von Allmen School of Accountancy
College: Business and Economics
Degree Title (Old): 
Degree Title (New): 
CIP Code: 
HEGIS Code:
Accrediting Agency (if applicable):

I. CHANGE(S) IN PROGRAM REQUIREMENTS

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>Proposed</th>
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<tbody>
<tr>
<td>1.</td>
<td>Number of transfer credits allowed (Graduate School limit: 9 hours or 25% of coursework)</td>
<td>9 hours or 25% of course work</td>
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<td>2.</td>
<td>Residence requirement (if applicable)</td>
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<td>3.</td>
<td>Language(s) and/or skill(s) required</td>
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<td>4.</td>
<td>Termination criteria</td>
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<td>5.</td>
<td>Plan A requirements*</td>
<td></td>
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<td>6.</td>
<td>Plan B requirements*</td>
<td>See attached</td>
</tr>
<tr>
<td>7.</td>
<td>Distribution of course levels required (At least one half must be at 600+ level &amp; two thirds must be in organized courses)</td>
<td>See attached</td>
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<tr>
<td>8.</td>
<td>Required courses (if applicable)</td>
<td>See attached</td>
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<tr>
<td>9.</td>
<td>Required distribution of courses within program (if applicable)</td>
<td>See attached</td>
</tr>
<tr>
<td>10.</td>
<td>Final examination requirements</td>
<td>MSACC Exam</td>
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</table>

* 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.
11. Any other requirements not covered above

II. RATIONALE FOR CHANGE(S)
If the rationale involves accreditation requirements, please include specific references to those requirements.

SEE ATTACHED

Signatures of Approval:

April 25, 2005
Date of Approval by Department Faculty

Nov. 16, 2006
Date of Approval by College Faculty

*Date of Approval by Undergraduate Council

*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

ACTION OTHER THAN APPROVAL

Rev 07/06