

APPLICATION TO DROP A COURSE

- 1 Submitted by College of Lexington Community College Date 1/10/04
Department/Division offering course Dental Laboratory Technology
2. Title of Course: DN 102 Dental Morphology II Credits: 2
3. Effective Date: Spring 2005 (semester and year)
4. Why is the course to be dropped?
The content of this course will be included in other courses within the Program's curriculum.
5. Will dropping this course change the degree requirements in one or more programs?* Yes
No If yes, explain the change(s): DN 102 will no longer be required to earn an Associate in Applied Science degree with a major in Dental Laboratory Technology.
6. Has the course been taken by a significant number of students in other departments/colleges?
 Yes No
- (a) If yes, list the college(s) or department(s) from which student enrollment in this course has come, if known.
- (b) What provision has been made for meeting the needs of these students?
7. Is this course in current use in any of the Community Colleges? Yes No If so, please submit evidence (e.g., correspondence) that the Community College System has been consulted.
8. Is this course currently included in the University Studies Program? Yes No
9. Within the Department, who should be contacted for further information about this proposal?
Name Robin Gornto Phone Extension 257-4872 ext. 4086

*NOTE: Approval to drop the course will constitute approval of the program change unless additional modifications are proposed.

Signatures of Approval:

Department Chair: *Gregory Bell*

Date: 1-26-04

^{President}
Dean of the College: *[Signature]*

Date: 3-11-04

Date of Notice to the Faculty: _____

Undergraduate Council: _____

Date: _____

Graduate Council: _____

Date: _____

Academic Council for the Med. Ctr.: _____

Date: _____

Senate Council: _____ Date of Notice to Univ. Senate: _____
(Chair)

ACTION OTHER THAN APPROVAL: _____

Adopted: September, 1989