

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 141 Occlusion I Credits: 2
- 3 Effective Date: Fall 2004 (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 141 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

MAR 24 2004

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

Signatures of Approval:

Department Chair: Gregory D. Zell Date: 1-26-04

~~Dean~~ ^{President} 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