

**UNIVERSITY OF KENTUCKY
APPLICATION TO DROP A COURSE**

1. Submitted by College of Pharmacy Date 9/1/02

Department/Division offering course Pharmacy Practice & Science

2. Prefix and Number PHR 998 Title Pharmacy Practice Clerkship: Mentoring Credits 4

3. Effective Date Summer 2003 (semester & year)

4. Why is the course to be dropped?

Originally designed to coincide with an introductory practice experience to allow advanced students to learn precepting skills. The time of the introductory experience has changed so the original intent of this experience cannot be fulfilled. Other advanced practice experiences are offered that provide experience for students interested in developing educational skills.

5. Will dropping this course change the degree requirements in one or more programs?* Yes No
If yes, explain the change(s) below

Present requirement is 4 credits of PHR 998 and 36 credits of PHR 988 (Advance Practice Experiences). This will change requirement to 40 credits of PHR 988 which is what students actually have been taking.

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?

Ann Amerson

Name

3-5852

Phone Extension

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

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Signatures of Approval:

Department Chair	Date
Dean of the College	Date
*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