

UNIVERSITY SENATE ROUTING LOG

Proposal Title:

Name/email/phone for proposal contact:

Instruction: To facilitate the processing of this proposal please identify the groups or individuals reviewing the proposal, identify a contact person for each entry, provide the consequences of the review (specifically, approval, rejection, no decision and vote outcome, if any) and please attach a copy of any report or memorandum developed with comments on this proposal.

Reviewed by: (Chairs, Directors, Faculty Groups, Faculty Councils, Committees, etc)	Contact person Name (phone/email)	Consequences of Review:	Date of Proposal Review	Review Summary Attached? (yes or no)
Frederick C. de Beer, M.D., Chair of Internal Medicine	Dr. de Beer 7-5116 fedebe1@uky.edu	Approved	2-21-08	no
COM Curriculum Committee	Wanda Whitehouse 7-5286, wwhit00@email.uky.edu	Approved	3-3-08	no
HCCC	Jim Lindsay 3-6638, jdind2@email.uky.edu			
Faculty Council	JENNIFER BRUECKNER 3-3780 jennifer.brueckner@uky.edu	Approved	3-12-08	no
Dean	JAY PERMAN 36582 jPERMAN@uky.edu	Approved	3-14-08	no

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

1. Submitted by College of College of Medicine Date 02/20/2008

Department/Division offering course Internal Medicine

2. Prefix and Number MED 872 Title Fourth Year Remedial Clerkship Credits 4

3. Effective Date Spring 2007-08 (semester & year)

4. Why is the course to be dropped?

Course has not been offered since 1995-96

5. Will dropping this course change the degree requirements in one or more programs? Yes No
If yes, explain the change(s) below. (NOTE – If “yes,” a program change must be submitted.)

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?

Beth Hartmann, COM Registrar


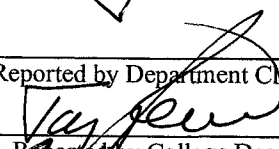
3-2456

Name

Phone Extension

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

Signatures of Approval:

2-21-08

Date of Approval by Department Faculty

Reported by Department Chair

Jennifer Bonecray 3-12-08

Jay Jew 3-14-08

Date of Approval by College Faculty

Reported by College Dean

3-3-08

C. Mark Jantz MD

*Date of Approval by Undergraduate Council
Curriculum Committee

Reported by Undergraduate Council Chair
Curriculum Committee

*Date of Approval by Graduate Council

Reported by Graduate Council Chair

*Date of Approval by Health Care Colleges Council (HCCC)

Reported by HCCC Chair

*Date of Approval by Senate Council

Reported by Senate Council Office

*Date of Approval by University Senate

Reported by Senate Council Office

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