**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.

<table>
<thead>
<tr>
<th>Reviewed by: (Chairs, Directors, Faculty Groups, Faculty Councils, Committees, etc)</th>
<th>Contact person Name (phone/email)</th>
<th>Consequences of Review</th>
<th>Date of Proposal Review</th>
<th>Review Summary Attached? (yes or no)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frederick C. de Beer, M.D., Chair of Internal Medicine</td>
<td>Dr. de Beer 9-5116 <a href="mailto:fdebe1@uky.edu">fdebe1@uky.edu</a></td>
<td>Approved</td>
<td>2-21-08</td>
<td>no</td>
</tr>
<tr>
<td>COM Curriculum Committee</td>
<td>Wanda Whitehouse 7-5286, <a href="mailto:wwhit00@email.uky.edu">wwhit00@email.uky.edu</a></td>
<td>Approved</td>
<td>3-3-08</td>
<td>no</td>
</tr>
<tr>
<td>HCCC</td>
<td>Jim Lindsay 3-6638, <a href="mailto:jdlind2@email.uky.edu">jdlind2@email.uky.edu</a></td>
<td></td>
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</tr>
<tr>
<td>Faculty Council</td>
<td>JENNIFER KLEMPNER 3-3780 <a href="mailto:jklemper@uky.edu">jklemper@uky.edu</a></td>
<td>Approved</td>
<td>3-12-08</td>
<td>no</td>
</tr>
<tr>
<td>Dean</td>
<td>SLY PERMAN 6582 <a href="mailto:sperman@email.uky.edu">sperman@email.uky.edu</a></td>
<td>Approved</td>
<td>3-14-08</td>
<td>no</td>
</tr>
</tbody>
</table>
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.

6. 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

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UNIVERSITY OF KENTUCKY
APPLICATION TO DROP A COURSE

Signatures of Approval:

Date of Approval by Department Faculty

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.

Rev 07/06