

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

1. Submitted by College of \_\_\_\_\_ Date \_\_\_\_\_

Department/Division offering course \_\_\_\_\_

2. Prefix and Number \_\_\_\_\_ Title \_\_\_\_\_ Credits \_\_\_\_\_

3. Effective Date \_\_\_\_\_ (semester & year)

4. Why is the course to be dropped?

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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.)

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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.

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b. What provision has been made for meeting the needs of these students?

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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 Phone Extension

UNIVERSITY OF KENTUCKY  
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Signatures of Approval:

8/2007  
Date of Approval by Department Faculty

5-08-08  
Date of Approval by College Faculty

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\*Date of Approval by Undergraduate Council

\_\_\_\_\_  
\*Date of Approval by Graduate Council

7/15/08  
\*Date of Approval by Health Care Colleges Council (HCCC)

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\*Date of Approval by Senate Council

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\*Date of Approval by University Senate

Judith L. Page  
Reported by Department Chair

Sharon R. Stewart  
Reported by College Dean

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Reported by Undergraduate Council Chair

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Reported by Graduate Council Chair

Heidi M. Anderson  
Reported by HCCC Chair

\_\_\_\_\_  
Reported by Senate Council Office

\_\_\_\_\_  
Reported by Senate Council Office

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

Rev 07/06