

DROP COURSE FORM

1. General Information.			
a.	Submitted by the College of:	<u>Medicine</u>	Today's Date: <u>01/09/12</u>
b.	Department/Division:	<u>Anatomy and Neurobiology</u>	
c.	Contact Person Name:	<u>Brian MacPherson</u>	Email: <u>brmacp@email.uky.edu</u> Phone: <u>323-5539</u>
2. Course Information.			
a.	Course Prefix and Number:	<u>MD 812</u>	
b.	Course Title:	<u>Human Structure/Cell and Tissue Biology</u>	
c.	Credit Hours:	<u>4</u>	
3.	Effective Date ¹ of Drop:	<input type="checkbox"/> Semester Following Approval	OR <input checked="" type="checkbox"/> Specific Term ² : <u>Fall 2012</u>
4.	Is this course cross-listed?	YES ³ <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	If YES ³ , what is the cross-listed course prefix and number?	<u>ANA 812</u>	
	If YES ³ , should the cross-listed course(s) also be dropped ³ ?	YES ³ <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	Explain, if necessary:	<u>MD 812/ ANA 812 is a course used for medical education only.</u>	
5.	Why is the course being dropped?	<u>This course will be dropped and the basics of histology will be incorporated into a first year anatomy course, while the organ-specific histology will be taught in the second year systems courses.</u>	
6.	Will dropping this course change the requirements ⁴ for any program?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If YES ⁴ , list the program(s) here:	_____	
7.	Has the course been taken by a significant number of students in other colleges/depts?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If YES, list the colleges/departments:	_____	
	If YES, what provision has been made for meeting the needs of these students?	_____	
8.	Is this course currently included in the University Studies Program?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

¹ The effective date for a dropped course is *the first term when the course is not available*, NOT the last term the course is offered.

² Effective dates are typically the semester following approval. No course will be made effective until all approvals are received.

³ Signature of the chair of the cross-listing department is required on the Signature Routing Log.

⁴ In order to change a program, a program change form must also be submitted.

DROP COURSE FORM

Signature Routing Log

General Information:

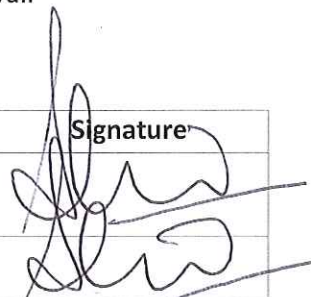
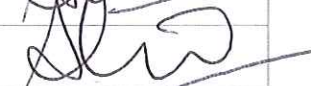
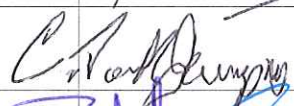


Course to be Dropped (prefix and number): MD 812

Proposal Contact Person Name: Brian MacPherson/Ro Conigliaro Phone: 323-5539/257-5286 Email: brmacp@email.uky.edu/rlconi2@email.uky.edu

INSTRUCTIONS:

Identify the groups or individuals reviewing the proposal; note the date of approval; offer a contact person for each entry; and obtain signature of person authorized to report approval.

Internal College Approvals and Course Cross-listing Approvals:

Reviewing Group	Date Approved	Contact Person (name/phone/email)	Signature
Course Director	1-6-12	Brian MacPherson / 323-5539 / brmacp@email.uky.edu	
Chair	1-6-12	Don Gash / 257-5036 / dongash@uky.edu	
Curriculum Committee	1-9-12	C. Darrell Jennings / 257-5286 / cdjenn@uky.edu	
COM Faculty Council	1-17-12	Brian Jackson / 257-4905 / jackson@email.uky.edu	
COM Dean		Dr. Fred deBeer / 35079 / faymcclain@uky.edu	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁵
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

⁵ Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.