

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>Graduate Center for Nutritional Sciences</u>				
c.	Contact Person Name:	<u>Lisa Cassis/Ro Conigliaro</u>	Email:	<u>lcassis@email.uky.edu/rlconi2@email.uky.edu</u>	Phone: <u>323-4933 x81400/257-5286</u>	
2. Course Information.						
a.	Course Prefix and Number:	<u>MD 815</u>				
b.	Course Title:	<u>Nutrition for Physicians I</u>				
c.	Credit Hours:	<u>1</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 type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If YES ³ , what is the cross-listed course prefix and number?	_____				
	If YES ³ , should the cross-listed course(s) also be dropped ³ ?				YES ³ <input type="checkbox"/>	NO <input type="checkbox"/>
	Explain, if necessary:	_____				
5.	Why is the course being dropped?	<u>The biochemical aspects of nutrition will be incorporated into the first year biochemistry course. Nutrition counseling will be incorporated into the Introduction to Clinical Medicine course.</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:	_____				

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.

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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"/>

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Signature Routing Log

General Information:

Course to be Dropped (prefix and number): MD 815

Proposal Contact Person Name:

Lisa Cassis/Ro Conigliaro


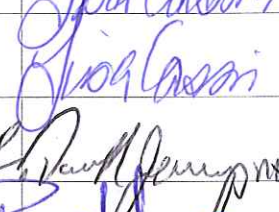
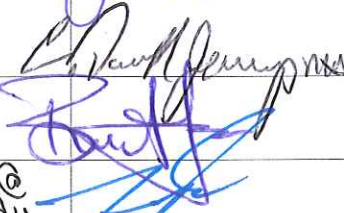
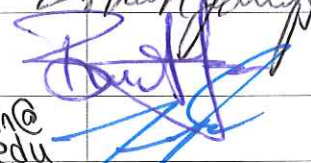
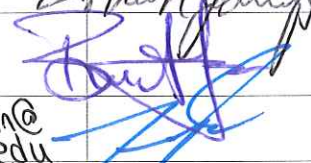
Phone: 323-4933 x81400/257-5286

Email: lcassis@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	Lisa Cassis / 323-4933 x 81400 / lcassis@email.uky.edu	
Chair	1-6-12	Lisa Cassis / 323-4933 x 81400 / lcassis@email.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 / faymccain@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.

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