

DROP COURSE FORM

1. General Information.			
a.	Submitted by the College of: <u>Nursing</u>	Today's Date: <u>08/26/2011</u>	
b.	Department/Division: _____		
c.	Contact Person Name: <u>Kathy Collins</u>	Email: <u>kacoll1@uky.edu</u>	Phone: <u>3 5624</u>
2. Course Information.			
a.	Course Prefix and Number: <u>NUR 972</u>		
b.	Course Title: <u>Advanced Practice Public Health Nursing III: Population Level Community Dimensions of Disaster Management</u>		
c.	Credit Hours: <u>5</u>		
3.	Effective Date ¹ of Drop: <input checked="" type="checkbox"/> Semester Following Approval	OR	<input type="checkbox"/> Specific Term ² : _____
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>course is part of clinical sequence for Systems/Leadership track in DNP program. Track faculty have proposed changes to the specialty sequence courses which drove a renumbering of the specialty sequence. Course has never been taught..</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): NUR 972

Proposal Contact Person Name: Kathy Collins Phone: 3-5624 Email: kacoll1@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
CON Faculty	10/13/11	Jane Kirschling / 3-6533 / janek@email.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.