



UNIVERSITY OF KENTUCKY

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February 25, 2004

TRANSMITTAL

TO: Rebecca Scott  
Senate Council

FROM: Cathy Owen   
Medical Center Academic Council

At its meeting on February 24, 2004, the Academic Council for the Medical Center approved, and recommends approval by the Senate Council, for the proposals from the College of Pharmacy to drop PHR 951, Integrated Therapeutics I; PHR 952, Disease Processes; PHR 961, Integrated Therapeutics I; and PHR 962, Disease Processes II.

Attached are the materials to implement these changes.

Thank you for your attention to this matter.

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attachments

c: Kenneth B. Roberts, Ph.D.  
Jacque Hager

Memorandum

TO: Michael T. Nietzel, Ph.D.  
Provost  
Deans, Department Chairs and Members of the University Senate

FROM: Kenneth B. Roberts, Ph.D.  
Dean

DATE: January 27, 2004

RE: Application to Drop Courses

The College of Pharmacy requests approval to drop four courses, PHR 951 and 961, Integrated Therapeutics I and II, and PHR 952 and 962, Disease Processes I and II.

Each of these courses is being replaced by a new sequence. Four new courses, a total of 20 credits, will replace PHR 951 and 961 - Integrated Therapeutics I and II (7 credits each) and PHR 952 and 962 - Disease Processes I and II (3 credits each). There is no change in total credits devoted to this general area, the total number of credits taken during any one semester or the total number of credits required for graduation.

The courses being dropped were taken only by students in the College of Pharmacy and not by students in any other department.

UNIVERSITY OF KENTUCKY  
APPLICATION TO DROP A COURSE

1. Submitted by Pharmacy Date 1-27-04  
College of \_\_\_\_\_

Department/Division offering Pharmacy Practice and Science  
course \_\_\_\_\_

2. Prefix and Number PHR 951 and 961 Title Integrated Therapeutics I and II Credits 7  
each

3. Effective Date Fall 04 (semester & year)

4. Why is the course to be dropped?  
Being replaced by a new series of courses.

5. Will dropping this course change the degree requirements in one or more programs?\*  Yes  No  
If yes, explain the change(s) below

Will change the mix of courses required, but not the total credit hours taken during program or in any one semester.

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.

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  
s

9. Within the Department, who should be contacted for further information about this proposal?

Dr. Donald Perrier, Chair

Name

3-2769

Phone Extension

**\*NOTE: Approval to drop the course will constitute approval of the program change unless additional modifications are proposed.**

Signatures of Approval:

<hr/>	<hr/>
<b>Department Chair</b>	<b>Date</b>
<hr/>	<hr/>
<b>Dean of the College</b>	<b>Date</b>
<hr/>	<hr/>
	<b>Date of Notice to the Faculty</b>
<hr/>	<hr/>
<b>*Undergraduate Council</b>	<b>Date</b>
<hr/>	<hr/>
<b>*University Studies</b>	<b>Date</b>
<hr/>	<hr/>
<b>*Graduate Council</b>	<b>Date</b>
<hr/>	<hr/>
<b>Academic Council for the Medical Center</b>	<b>Date</b>
<hr/>	<hr/>
<b>Senate Council</b>	<b>Date of Notice to University Senate</b>

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

**ACTION OTHER THAN APPROVAL**

UNIVERSITY OF KENTUCKY  
APPLICATION TO DROP A COURSE

1. Submitted by Pharmacy Date 1-27-04  
College of \_\_\_\_\_

Department/Division offering Pharmacy Practice and Science  
course \_\_\_\_\_

2. Prefix and PHR 952 and 962 Title Disease Processes I and II Credits 3  
Number \_\_\_\_\_ each \_\_\_\_\_

3. Effective Fall 04 (semester &  
Date \_\_\_\_\_ year)

4. Why is the course to be dropped?  
Being replaced by a new series of courses.

5. Will dropping this course change the degree requirements in one or more programs?\*  Yes  No  
s  
If yes, explain the change(s) below

Will change the mix of courses required, but not the total credit hours taken during program or in any one semester.

6. Has the course been taken by a significant number of students in other departments/colleges?  Yes  No  
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a. If yes, list the college(s) or department(s) from which student enrollment in this course has come, if known.

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  
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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  
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9. Within the Department, who should be contacted for further information about this proposal?

Dr. Donald Perrier, Chair

3-2769

Name

Phone Extension

**\*NOTE: Approval to drop the course will constitute approval of the program change unless additional modifications are proposed.**

Signatures of Approval:

_____	_____
<b>Department Chair</b>	<b>Date</b>
_____	_____
<b>Dean of the College</b>	<b>Date</b>
_____	_____
	<b>Date of Notice to the Faculty</b>
_____	_____
<b>*Undergraduate Council</b>	<b>Date</b>
_____	_____
<b>*University Studies</b>	<b>Date</b>
_____	_____
<b>*Graduate Council</b>	<b>Date</b>
_____	_____
<b>Academic Council for the Medical Center</b>	<b>Date</b>
_____	_____
<b>Senate Council</b>	<b>Date of Notice to University Senate</b>

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

\_\_\_\_\_  
**ACTION OTHER THAN APPROVAL**