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
   College of Pharmacy
   ____________________________
   ____________________________
   ____________________________
   ____________________________

   Date 1-27-04

   Department/Division offering course
   Pharmacy Practice and Science

2. Prefix and Number
   PHR 951 and 961
   ____________________________
   ____________________________

   Title Integrated Therapeutics I and II
   ____________________________
   ____________________________

   Credit 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.

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   ____________________________
   ____________________________

   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

9. Within the Department, who should be contacted for further information about this proposal?
   
   Dr. Donald Perrier, Chair
   Name
   Phone Extension
   3-2769

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

   Signatures of Approval:

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   Department Chair
   Date

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   Dean of the College
   Date

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   Date of Notice to the Faculty

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   *Undergraduate Council
   Date

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   *University Studies
   Date

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   *Graduate Council
   Date

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   Academic Council for the Medical Center
   Date

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   Senate Council
   Date of Notice to University Senate

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

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   ACTION OTHER THAN APPROVAL

   Rev 11/98
1. Submitted by: Pharmacy  
   Department/Division offering course: Pharmacy Practice and Science  
   Date: 1-27-04

2. Prefix and Number: PHR 952 and 962  
   Title: Disease Processes I and II  
   Credit: 3 each

3. Effective Date: Fall 04

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

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

Dr. Donald Perrier, Chair  
Name  
Phone Extension 3-2769  

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

Signatures of Approval:

_________________________________________  Date
Department Chair

_________________________________________  Date
Dean of the College

_________________________________________  Date of Notice to the Faculty
*Undergraduate Council

_________________________________________  Date
*University Studies

_________________________________________  Date
*Graduate Council

_________________________________________  Date
Academic Council for the Medical Center

_________________________________________  Date
Senate Council

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

_________________________________________  Date of Notice to University Senate

_________________________________________  ACTION OTHER THAN APPROVAL

Rev 11/98