

APPLICATION TO DROP A COURSE

1. General Information.			
a.	Submitted by the College of:	<u>Agriculture</u>	Today's Date: <u>February 23, 2012</u>
b.	Department/Division:	<u>Family Sciences</u>	
c.	Contact Person Name:	<u>Dr. Donna Smith</u>	Email: <u>donnarsmith@uky.edu</u> Phone: <u>7-7733</u>
2. Course Information.			
a.	Course Prefix and Number:	<u>FAM 494</u>	
b.	Course Title:	<u>Independent Work in Family Resource Management</u>	
c.	Credit Hours:	<u>1-3</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>No longer needed; have another independent study course (FAM 495)</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.

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Signature Routing Log

General Information:

Course to be Dropped (prefix and number): FAM 494

Proposal Contact Person Name: Dr. Donna Smith Phone: 7-7733 Email: donnarsmith@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
Family Sciences Faculty	March 2, 2012	Donna Smith / 7-7733 / donnarsmith@uky.edu	
Undergraduate Curriculum Committee	March 30, 2012	Larry Grabau / 7-3469 / Larry.Grabau@uky.edu	
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		/ /	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁵
Undergraduate Council	6/26/2012	Sharon Gill	
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.