

## UNIVERSITY SENATE ROUTING LOG

**Proposal Title:**

Name/email/phone for proposal contact:

**Instruction:** To facilitate the processing of this proposal please identify the groups or individuals reviewing the proposal, identify a contact person for each entry, provide the consequences of the review (specifically, approval, rejection, no decision and vote outcome, if any) and please attach a copy of any report or memorandum developed with comments on this proposal.

<b>Reviewed by: (Chairs, Directors, Faculty Groups, Faculty Councils, Committees, etc)</b>	<b>Contact person Name (phone/email)</b>	<b>Consequences of Review:</b>	<b>Date of Proposal Review</b>	<b>Review Summary Attached? (yes or no)</b>

**UNIVERSITY OF KENTUCKY  
APPLICATION TO DROP A COURSE**

1. Submitted by College of Business and Economics Date April 9, 2008

Department/Division offering course School of Management – Finance Area

2. Prefix and Number FIN 410 Title Analysis of Financial Information Credits 3

3. Effective Date Fall 2008 (semester & year)

4. Why is the course to be dropped?

This course has not been taught for many years and is no longer considered to be a part of the FIN curriculum.

5. Will dropping this course change the degree requirements in one or more programs?  Yes  No  
If yes, explain the change(s) below. (NOTE – If “yes,” a program change must be submitted.)

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?

Scott Kelley

Name

257-3425

Phone Extension

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APPLICATION TO DROP A COURSE**

**Signatures of Approval:**

Date of Approval by Department Faculty	Reported by Department Chair
Date of Approval by College Faculty	Reported by College Dean
Approved UC 10/7/08	
*Date of Approval by Undergraduate Council	Reported by Undergraduate Council Chair
*Date of Approval by Graduate Council	Reported by Graduate Council Chair
*Date of Approval by Health Care Colleges Council (HCCC)	Reported by HCCC Chair
*Date of Approval by Senate Council	Reported by Senate Council Office
*Date of Approval by University Senate	Reported by Senate Council Office

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

Rev 07/06