

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

1. Submitted by College of _____ Date _____

Department/Division offering course _____

2. Prefix and Number _____ Title _____ Credits _____

3. Effective Date _____ (semester & year)

4. Why is the course to be dropped?

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?

Name

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Phone Extension

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Signatures of Approval:

Date of Approval by Department Faculty	Reported by Department Chair
Date of Approval by College Faculty	Reported by College Dean
*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