

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

1. Submitted by College of Agriculture Date 2/13/07

Department/Division offering course HES School NFS Department

2. Prefix and Number NFS 513 Title Advanced Therapeutic Nutrition Credits 2

3. Effective Date Fall 2007 Simultaneous with approval of NFS 515 (semester & year) Fall 2007

4. Why is the course to be dropped?

The content of NFS 511 and NFS 513 is being integrated into a new five credit hour course titled Medical Nutrition Therapy. This is consistent with CADE accreditation and practices in colleges and universities nationwide. This application to drop NFS 513 accompanies the Application to Drop NFS 511.

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?

Myrna Wesley 7 7796 or Lisa Gaetke 7 1031

Phone Extension

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Signatures of Approval:

<u>2/06/06</u> Date of Approval by Department Faculty	<u><i>Quetta Krzywicki</i></u> Reported by Department Chair
<u>12/6/07</u> Date of Approval by College Faculty	<u><i>[Signature]</i></u> Reported by College Dean
<u>approved 3/20/08</u> *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