

# DROP COURSE FORM

<b>1. General Information.</b>			
a.	Submitted by the College of: <u>The Graduate School</u>	Today's Date:	<u>December 2, 2011</u>
b.	Department/Division: <u>The Martin School of Public Policy and Administration</u>		
c.	Contact Person Name: <u>William Hoyt</u>	Email: <u>whoyt@uky.edu</u>	Phone: <u>257-2518</u>
<b>2. Course Information.</b>			
a.	Course Prefix and Number: <u>PA 656</u>		
b.	Course Title: <u>MANAGERIAL EPIDEMIOLOGY</u>		
c.	Credit Hours: <u>3</u>		
3.	Effective Date <sup>1</sup> of Drop: <input checked="" type="checkbox"/> Semester Following Approval OR <input type="checkbox"/> Specific Term <sup>2</sup> : _____		
4.	Is this course cross-listed?		YES <sup>3</sup> <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	If YES <sup>3</sup> , what is the cross-listed course prefix and number? <u>HA 656</u>		
	If YES <sup>3</sup> , should the cross-listed course(s) also be dropped <sup>3</sup> ?		YES <sup>3</sup> <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	Explain, if necessary: <u>HA 656 continues to be offered as part of the Health Administration program</u>		
5.	Why is the course being dropped? <u>Course is no longer used as an area of specialization in the MPA program.</u>		
6.	Will dropping this course change the requirements <sup>4</sup> for any program?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	If YES <sup>4</sup> , 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"/>

<sup>1</sup> 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.

<sup>2</sup> Effective dates are typically the semester following approval. No course will be made effective until all approvals are received.

<sup>3</sup> Signature of the chair of the cross-listing department is required on the Signature Routing Log.

<sup>4</sup> In order to change a program, a program change form must also be submitted.

# DROP COURSE FORM

## Signature Routing Log

**General Information:**

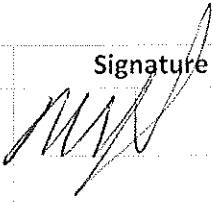
Course to be Dropped (prefix and number): Pa 656

Proposal Contact Person Name: Sarah Lee Phone: 7-5594 Email: solee@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
Martin School Faculty	12/1/11	William Hoyt / 7-2518 / whoyt@uky.edu	
Health Administration Dept.		Julia Costich / / jfcost0@uky.edu	
		/ /	
		/ /	
		/ /	

**External-to-College Approvals:**

Council	Date Approved	Signature	Approval of Revision <sup>5</sup>
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

<sup>5</sup> Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.