

DROP COURSE FORM

1. General Information.			
a. Submitted by the College of:	<u>F-A</u>	Today's Date:	<u>25. Jan. 2011</u>
b. Department/Division:	<u>Art</u>		
c. Contact Person Name:	<u>Alice Christ</u>	Email:	<u>Alice.Christ@uky.edu</u> Phone: <u>7-2303</u>
2. Course Information.			
a. Course Prefix and Number:	<u>A-H 307</u>		
b. Course Title:	<u>Ancient Near Eastern and Egyptian Art</u>		
c. Credit Hours:	<u>3</u>		
3. Effective Date ¹ of Drop:	<input type="checkbox"/> Semester Following Approval	OR	<input checked="" type="checkbox"/> Specific Term ² : <u>Fall 2011</u>
4. Is this course cross-listed?		YES ³	NO <input checked="" type="checkbox"/>
	<input 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	NO <input type="checkbox"/>
		<input type="checkbox"/>	
Explain, if necessary: _____			
5. Why is the course being dropped?	<u>Curriculum Reform: It will be covered by changed A-H 308 or new A-H 314</u>		
6. Will dropping this course change the requirements ⁴ for any program?		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
If YES ⁴ , list the program(s) here: <u>A-H</u>			
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 checked="" type="checkbox"/>	NO <input 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.

DROP COURSE FORM

Signature Routing Log

General Information:

Course to be Dropped (prefix and number): A-H 307

Proposal Contact Person Name: Alice Christ Phone: 7-2303 Email: Alice.Christ@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
ART College of Fine Arts Curriculum Comm	9/4/2010	Bruce Hobbs 17-4031 bhobbs@uky.edu	Bruce Hobbs
	4/6/11	Jane Johnson 17-17091 jjohn@ email.uky.edu	Jane Johnson
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External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁵
Undergraduate Council	10/25/2011	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.