

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 309</u>	
b. Course Title: <u>Cross-Cultural Studies in Art: (subtitle req)</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 <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> NO <input type="checkbox"/>	
Explain, if necessary: _____	
5. Why is the course being dropped? <u>Curriculum Reform: It will be repaced by new A-H 301</u>	
6. Will dropping this course change the requirements ⁴ for any program? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If YES ⁴ , 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 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 309

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
<i>A&T</i> College of Fine Arts Curriculum Comm.	<i>2/4/2010</i>	<i>Bar Withers 7-4013/bwithers@uky.edu</i>	<i>Bea Withers</i>
	<i>4/6/11</i>	<i>Jane Johnson 7-1709/jhjohn@email.uky.edu</i>	<i>Jane Johnson</i>
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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.