

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 313</u>	
b. Course Title: <u>Studies in Roman 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
If YES ³ , what is the cross-listed course prefix and number?	<u>CLA 313</u>
If YES ³ , should the cross-listed course(s) also be dropped ³ ?	YES ³ <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Explain, if necessary:	<u>It will be covered by new CLA 314</u>
5. Why is the course being dropped?	<u>Curriculum Reform: It will be covered by 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
If YES, list the colleges/departments:	<u>CLA</u>
If YES, what provision has been made for meeting the needs of these students?	<u>CLA 314</u>
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 313

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>Bea Art</i>	<i>9/4/2010</i>	<i>Bea Walters 17-4031/bwalters@uky.edu</i>	<i>Bea Walters</i>
<i>College of Fine Arts Curriculum Comm.</i>	<i>4/6/11</i>	<i>Jane Johnson 17-1709/jjohnn@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.