

**UNIVERSITY SENATE ROUTING LOG**

**Proposal Title:** Drop ANT 639

Name/email/phone for proposal contact: Richard W. Jefferies / rwjeff1@uky.edu / 257-2860

**Instruction:** To facilitate the processing of this proposal please identify the groups or individuals reviewing the proposal, identify a contact person for each entry, provide the consequences of the review (specifically, approval, rejection, no decision and vote outcome, if any) and please attach a copy of any report or memorandum developed with comments on this proposal.

<b>Reviewed by: (Chairs, Directors, Faculty Groups, Faculty Councils, Committees, etc)</b>	<b>Contact person Name (phone/email)</b>	<b>Consequences of Review:</b>	<b>Date of Proposal Review</b>	<b>Review Summary Attached? (yes or no)</b>
Curriculum Committee, Chair, Faculty	Richard Jefferies, rwjeff1@uky.edu, 257.2860	Approved	11-16-07	No

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

1. Submitted by College of Arts and Sciences Date 12/10/07

Department/Division offering course Anthropology

2. Prefix and Number ANT 639 Title Aging in Cross Cultural Perspective Credits 3

3. Effective Date August 15, 2008 (semester & year) Fall 2008

4. Why is the course to be dropped?

No faculty available to teach course.

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?

Richard W. Jefferies

Name

257-2860

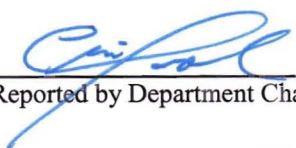
Phone Extension

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

**Signatures of Approval:**

*November 16, 2007*

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Date of Approval by Department Faculty

  
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Reported by Department Chair

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Date of Approval by College Faculty

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Reported by College Dean

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\*Date of Approval by Undergraduate Council

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Reported by Undergraduate Council Chair

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\*Date of Approval by Graduate Council

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Reported by Graduate Council Chair

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\*Date of Approval by Health Care Colleges Council (HCCC)

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Reported by HCCC Chair

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\*Date of Approval by Senate Council

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Reported by Senate Council Office

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\*Date of Approval by University Senate

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Reported by Senate Council Office

\*If applicable, as provided by the Rules of the University Senate.

Rev 07/06