

**Course Information**

1a. Prefix and Number: ARC - Architecture , ARC 863 ARC DESIGN STUDIO I: MODERN SPACE

1b. Course Title: ARC DESIGN STUDIO I: MODERN SPACE

1c. Credit Hours: 6.0

1d. Submitted by the College of: College of Design

Date Submitted: 1/29/2014

1e. Department/Division: School of Architecture

**Contact Person**

Name: David Biagi

Email: dbiagi@uky.edu

Phone: 257-7617

**Responsible Faculty ID (if different from Contact)**

Name:

Email:

Phone:

**Effective Date of Drop:** Semester Following Approval OR:

**Cross Listing:**

Cross-listed course prefix and number: none

Should the cross-listed course(s) also be dropped?: No

Explain, if necessary:

Why is this course being dropped?: House-cleaning related course drop due to previous program changes to curriculum in 2011. This course is no longer offered in the current program.

Will dropping this course change the requirements for any program?: No

If Yes, list the program(s) here:

Has the course been taken by a significant number of students in other colleges/depts?: No

If YES, list the colleges/departments:

If YES, what provision has been made for meeting the needs of these students?:

Is this course currently included in the University Studies Program?: No

Instructor Name:

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FEB 10 2014

OFFICE OF THE  
SENATE COUNCIL

SIGNATURE|DBIAG|David M Biagi|ARC 863 DROP Dept Review|20140207

SIGNATURE|HDSAWD|A Whiteside-Dickson|ARC 863 DROP College Review|20140210

Courses	Request Tracking
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### Drop Course Form

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Generate R

**Attachments:**

Select saved project to retrieve...

(\* denotes required fields)

**Course Information.**

a.\* Course Prefix and Number:

ARC - Architecture  
 ARC 863 ARC DESIGN STUDIO I: MODERN SPACE

b. Course Title: ARC DESIGN STUDIO I: MODERN SPACE

c. Credit Hours: 6.0

d.\* Submitted by the College of: College of Design Submission Date: 1/29/2014

e.\* Department/Division: School of Architecture

f. Contact Person Name: David Biagi Email: dbiagi@uky.edu Phone: 257-7617

\* Responsible Faculty ID (if different from Contact) Email: Phone:

Effective Date<sup>1</sup> of Drop:\*  Semester Following Approval OR  Specific Term

**Cross-listing**

Cross-listed course prefix and number: none

Should the cross-listed course(s) also be dropped?<sup>2</sup>  Yes  No

Explain, if necessary:

**Why is this course being dropped?<sup>3</sup>**

House-cleaning related course drop due to previous program changes to curriculum in 2011. This course is no longer offered in the current program.

Will dropping this course change the requirements<sup>4</sup> for any program?<sup>4</sup>  Yes  No

If YES<sup>4</sup>, list the program(s) here:

Has the course been taken by a significant number of students in other colleges/depts?<sup>4</sup>  Yes  No

If YES, list the colleges/departments:

If YES, what provision has been made for meeting the needs of these students?

Is this course currently included in the UK Core Program?\*  Yes  No

<sup>1</sup> The effective data 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.

Submit as New Proposal    Save Current Changes