

DROP COURSE FORM

1. General Information.			
a.	Submitted by the College of: <u>A &S</u>	Today's Date: <u>Oct 3, 2011</u>	
b.	Department/Division: <u>Biology</u>		
c.	Contact Person Name: <u>Ruth E Beattie</u>	Email: <u>rebeat1@uky.edu</u>	Phone: <u>257-7647</u>
2. Course Information.			
a.	Course Prefix and Number: <u>BIO 573</u>		
b.	Course Title: <u>Mycology</u>		
c.	Credit Hours: <u>4</u>		
3.	Effective Date ¹ of Drop: <input checked="" type="checkbox"/> Semester Following Approval	OR	<input type="checkbox"/> Specific Term ² : _____
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>The course has not been taught on campus for 10 years. It is not a required course in the Biology Undergraduate Program.</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 type="checkbox"/>	NO <input checked="" 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): BIO 573

Proposal Contact Person Name: Ruth E Beattie Phone: 257-7647 Email: rebeat1@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
DUS Biology	March 25, 2011	Ruth E Beattie / 257-7647 / rebeat1@uky.edu	
Biology Faculty	March 25, 2011	Dr. Vincent Cassone, Chair / 257-6766 / vincent.cassone@uky.edu	
College of A&S	10/25/11	Anna Bosch, Associate Dean / 7-6689 / bosch@uky.edu	
		/ /	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁵
Undergraduate Council	1/19/2012	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.