

## APPLICATION TO DROP A COURSE

**1. General Information.**

- a. Submitted by the College of: Medicine Today's Date: 12-20-09
- b. Department/Division: Behavioral Science
- c. Contact Person Name: Phyllis Nash Email: PNash@email.uky.edu Phone: 7-3513

**2. Course Information.**

- a. Course Prefix and Number: BSC607
- b. Course Title: Food Related Behaviors
- c. Credit Hours: 3

3. Effective Date<sup>1</sup> of Drop:  Semester Following Approval OR  Specific Term<sup>2</sup>: \_\_\_\_\_

4. Is this course cross-listed? YES<sup>3</sup>  NO
- If YES<sup>3</sup>, what is the cross-listed course prefix and number? NFS607

- If YES<sup>3</sup>, should the cross-listed course(s) also be dropped<sup>3</sup>? YES<sup>3</sup>  NO
- Explain, if necessary: The Nutrition and Food Science program was asked through DGS Sunny Ham on 12/22/09 whether the faculty wished to retain the course. They answered affirmatively.

5. Why is the course being dropped? This course is not core to the current program of the Department of Behavioral Science, its students or faculty.

6. Will dropping this course change the requirements<sup>4</sup> for any program? YES  NO
- If YES<sup>4</sup>, list the program(s) here: \_\_\_\_\_

7. Has the course been taken by a significant number of students in other colleges/depts? YES  NO
- 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  NO

<sup>1</sup> 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.  
<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.

# APPLICATION TO DROP A COURSE

## Signature Routing Log

**General Information:**

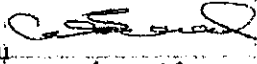



Course to be Dropped (prefix and number): BSC607

Proposal Contact Person Name: Phyllis Nash Phone: 7-3513 Email: PNash@email.uky.edu

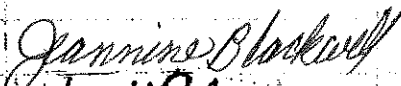
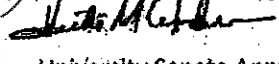
**INSTRUCTIONS:**

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
Department of Behavioral Science	2/22/10	Carl Leukefeld 1/3/5308 cleukef@uky.edu	
COM Curriculum Committee		G. Darrell Jennigs 7-5286 cdjenn@uky.edu	
COM Faculty Council	3/17/10	Martha Peterson 17-5478 mlpete01@uky.edu	
COM Dean		Jay Perman 13-6582 japerm2@uky.edu	
HCCC		1 1	

**External-to-College Approvals:**

Council	Date Approved	Signature	Approval of Revision <sup>5</sup>
Undergraduate Council			
Graduate Council	4/29/10		
Health Care Colleges Council	4/20/10		
Senate Council Approval		University Senate Approval	

**Comments:**

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<sup>5</sup> Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.

## PROGRAM SUSPENSION/DELETION FORM

### 1. General Information

College: Education Department: Vocational Education (department no longer exists)  
Major Name: Distributive Education Degree Title: MAEDU  
Formal Option(s), \_\_\_\_\_ Specialty Field w/in \_\_\_\_\_  
if any: Formal Options, if any: \_\_\_\_\_  
CIP Code: 13.1320 Today's Date: 3/31/10  
Requested Effective Date:  Semester following approval. OR  Specific Date<sup>1</sup>: 3/31/10  
Contact Person in the Dept: Robert Shapiro Phone: 7-9795 Email: rshap01@uky.edu

### 2. Suspension/Deletion Information

Nature of action:  Suspension  Deletion  
Rationale for suspension/deletion: Program no longer exists  
What provisions are being made for students already in the program? no students in program for 20 years  
Will another degree program replace the one suspended/deleted? no  
Will courses connected with the program be dropped? Yes\*  No   
\*If Yes, forms for dropping a course(s) must be attached.

<sup>1</sup> Suspensions/deletions are made effective for the semester following approval. No suspension/deletion will be made effective unless all approvals, up through and including Board of Trustees approval, are received.

**PROGRAM SUSPENSION/DELETION FORM**

**Signature Routing Log**

**General Information:**

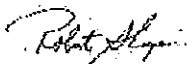
Proposal Name: Distributive Education

Proposal Contact Person Name: Robert Shapiro Phone: 7-9795 Email: rshap01@uky.edu

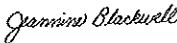
**INSTRUCTIONS:**

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
College of Education	3/31/2010	Robert Shapiro / 257-9795 / rshap01@uky.edu	
		/ /	
		/ /	
		/ /	
		/ /	

**External-to-College Approvals:**

Council	Date Approved	Signature	Approval of Revision <sup>2</sup>
Undergraduate Council			
Graduate Council		 2010.05.05 13:57:50 -04'00'	
Health Care Colleges Council			
Senate Council Approval			University Senate Approval

Comments:  
\_\_\_\_\_

<sup>2</sup> Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.