

# APPLICATION TO DROP A COURSE

<b>1. General Information.</b>			
a.	Submitted by the College of:	<u>Medicine</u>	Today's Date: <u>4-16-10</u>
b.	Department/Division:	<u>Behavioral Science</u>	
c.	Contact Person Name:	<u>Phyllis Nash</u>	Email: <u>PNash@email.uky.edu</u> Phone: <u>7-3513</u>
<b>2. Course Information.</b>			
a.	Course Prefix and Number:	<u>BSC645</u>	
b.	Course Title:	<u>Anthropology and Epidemiology</u>	
c.	Credit Hours:	<u>3</u>	
3.	Effective Date <sup>1</sup> of Drop:	<input checked="" type="checkbox"/> Semester Following Approval	OR <input type="checkbox"/> Specific Term <sup>2</sup> : _____
4.	Is this course cross-listed?	YES <sup>3</sup> <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	If YES <sup>3</sup> , what is the cross-listed course prefix and number?	<u>ANT645</u>	
	If YES <sup>3</sup> , should the cross-listed course(s) also be dropped <sup>3</sup> ?	YES <sup>3</sup> <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	Explain, if necessary:	<u>The Anthropology Department was asked through Professor Mary Anglin on 12-14-09 whether the faculty wished to retain the course. She answered affirmatively.</u>	
5.	Why is the course being dropped?	<u>This course is no longer core to the program of the Department of Behavioral Science, its students or faculty.</u>	
6.	Will dropping this course change the requirements <sup>4</sup> for any program?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	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 <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"/>

<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): BSC645

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

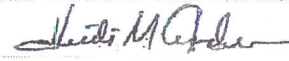
**INSTRUCTIONS:**

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	4/19/10	Carl Leukefeld 1-3-5308 / cleukef@uky.edu	
Curriculum Committee	4/19/10	D. Jennings 1 / cdjenn@uky.edu	
Faculty Council	5/10/10	Martha Peterson 1 / mpet1@uky.edu	
<del>HCCC</del> Dean	6/21/10	Emerg Wilson 1-3-5567 / emw@uky.edu	
HCCC		1 / 1	

**External-to-College Approvals:**

Council	Date Approved	Signature	Approval of Revision <sup>5</sup>
Undergraduate Council			
Graduate Council			
Health Care Colleges Council	8/20/10		
Senate Council Approval		University Senate Approval	

Comments:

<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.