DROP COURSE FORM

1.	General Information. OFFICE OF TH							
a.	Submitted by the College of:	Public Health		Today's Date:	SENATE COUN 16 April 2012			
b.	Department/Division: <u>Biostatistics</u>							
c.	Contact Person Name: Rich	nard Kryscio	Email:	kryscio@	email.uky.edu	Phone: <u>257</u>	<u>-4064</u>	
2.	Course Information.							
a.	Course Prefix and Number: BST 760							
b.	Course Title: Advanced Regression							
c.	Credit Hours: 3							
3.	Effective Date¹ of Drop: Semester Following Approval OR Specific Term²: Fall 2013							
4.	Is this course cross-listed?				YES ³	NO 🖂		
	If YES ³ , what is the cross-listed course prefix and number?							
	If YES³, should the cross-listed course(s) also be dropped³?				NO			
	Explain, if necessary:						ORIGINAL NUMBER AND AN ANAMAN POR	
5.	Why is the course being dropped? This course will no longer be in the curriculum of the Ph.D. program in Epidemiology and Biostatistics.				am in			
6.	Will dropping this course cha	inge the requiremen	ts ⁴ for an	y program?	•	YES 🔀] NO [
	If YES ⁴ , list the program(s) here: Ph.D. program in Epidemiology and Biostatistics							
7.	Has the course been taken b	y a significant numbe	er of stud	lents in oth	er colleges/depts	? YES] NO 🛛	
	If YES, list the colleges/departments:	100						
	If YES, what provision has bee	If YES, what provision has been made for meeting the needs of these students?						
8.	Is this course currently includ	ded in the University	Studies 1	Program?		YES] NO 🛛	

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.

 $^{^{\}rm 4}$ 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): BS

BST 760

Proposal Contact Person Name:

Richard Kryscio

Phone: <u>257-</u>

Email:

4064

kryscio@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		/ /		
Academic Affairs Committee	and the second s	J. Holsinger / 3-6314 / jwh@email.uky.edu		
Faculty Council		G. Rowles / 8-0145 / growl2@email.uky.edu		
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External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision⁵
Undergraduate Council			
Graduate Council		Digitally signed by Dr. Brian A. Jackson DN: cn=Dr. Brian A. Jackson, o=University of Kentucky, ou=Graduate Schoot, email, c=US Date 20130.205 1002729-0500	
Health Care Colleges Council		36121730223102127 0300	
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.

PLS 640 Advanced Topics in Plant Propagation

PLS 641 Plant Water Relations

PLS 643 Advanced Greenhouse Crop Production

PhD in Epidemiology/Biostatistics and the following related courses:

BST 639, Drop, Computing Tools for the Biomedical Sciences

BST 760, Drop, Advanced Regression

BST 701, Change, Bayesian Modeling in Biostatistics

BST 740, Change, Spatial Statistics

BST 762, Change, Longitudinal Data Analysis

BST 764, Change, Applied Statistical Modeling for Medicine and Public Health

BST 766, Change, Analysis of Temporal Data in Public Health

BST 681, New, Linear Regression

BST 682, New, Generalized Linear Models

Roshan Nikou The Graduate School The University of Kentucky 105 Gillis Building - 0033

Phone: (859) 257-1457 Fax: (859) 323-1928

Roshan.Nikou@uky.edu