

**UNIVERSITY OF KENTUCKY
APPLICATION TO DROP A COURSE**

1. Submitted by College of Arts & Sciences Date April 9, 2008

Department/Division offering course Mod & Class Lang Lit & Cult - Classics

2. Prefix and Number CLA 602 Title Studies In Greek Literature II Credits 3

3. Effective Date Fall 2009 (semester & year)

4. Why is the course to be dropped?

It is being replaced by the proposed new course ~~CLA 653/656~~.

5. Will dropping this course change the degree requirements in one or more programs? Yes No
If yes, explain the change(s) below. (NOTE – If “yes,” a program change must be submitted.)

6. Has the course been taken by a significant number of students in other departments/colleges? Yes No

a. If yes, list the college(s) or department(s) from which student enrollment in this course has come, if known.

b. What provision has been made for meeting the needs of these students?

They can take the replacement course, CLA 653/656.

7. Is this course in current use in any of the Community Colleges? Yes No
If so, please submit evidence (e.g., correspondence) that the Community College System has been consulted.

8. Is this course currently included in the University Studies Program? Yes No

9. Within the Department, who should be contacted for further information about this proposal?

James A. Francis j.francis@uky.edu

Name

7-1603

Phone Extension

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APPLICATION TO DROP A COURSE**

Signatures of Approval:

<u>4/10/08</u> Date of Approval by Department Faculty	<u>Theodore Fiedler</u> Reported by Department Chair
<u>9/19/08</u> Date of Approval by College Faculty	<u>Leonidas G. Bachas</u> Reported by College Dean
*Date of Approval by Undergraduate Council	Reported by Undergraduate Council Chair
*Date of Approval by Graduate Council	Reported by Graduate Council Chair
*Date of Approval by Health Care Colleges Council (HCCC)	Reported by HCCC Chair
*Date of Approval by Senate Council	Reported by Senate Council Office
*Date of Approval by University Senate	Reported by Senate Council Office

*If applicable, as provided by the Rules of the University Senate.

Rev 07/06

ARTS AND SCIENCES
EDUCATIONAL POLICY COMMITTEE
INVESTIGATOR REPORT

<http://www.as.uky.edu/working/collegiate-governance/education-policy-committee/proposals/default.aspx>

INVESTIGATING AREA: Humanities COURSE MAJOR, DEGREE or PROGRAM: CLA 602
DATE FOR EPC REVIEW: 9/19/08 CATEGORY: NEW, CHANGE DROP

INSTRUCTIONS: This completed form will accompany the course application to the Graduate/Undergraduate Council(s) in order to avoid needless repetition of investigation. The following questions are included as an outline only. Be as specific and as brief as possible. If the investigation was routine, please indicate this. The term "course" is used to indicate one course, a series of courses or a program, whichever is in order. Return the form to Leonidas Bachas Associate Dean, 275 Patterson Office Tower for forwarding to the Council(s). ATTACH SUPPLEMENT IF NEEDED.

1. List any modifications made in the course proposal as submitted originally and why.

No modifications are to be introduced in these proposals.

2. If no modifications were made, review considerations that arose during the investigation and the resolutions.

The Subcommittee recommends the approval of all these courses; however, it should be noted that some of these proposals had some spelling mistakes, and the sample syllabus is missing from the CLA 625, and the grading scale from CLA 651 and 656.

3. List contacts with program units on the proposal and the considerations discussed therein.

4. Additional information as needed.

5. A&S Area Coordinator Recommendation:

APPROVE APPROVE WITH RESERVATION, OR DISAPPROVE

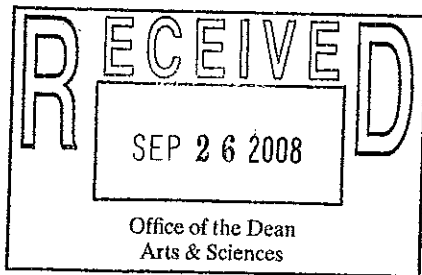
6. A&S Education Policy Committee Recommendation:

APPROVE APPROVE WITH RESERVATION, OR DISAPPROVE

- 7.

Anibal Biglieri
A&S Educational Policy Committee, Humanities Area Coordinator
Anibal Biglieri, biglieri@email.uky.edu 257-4640

Date: 9/24/2008



Name/email/phone for proposal contact: J. Francis j.francis@uky.edu 7-1603

Instruction: To facilitate the processing of this proposal please identify the groups or individuals reviewing the proposal, identify a contact person for each entry, provide the consequences of the review (specifically, approval, rejection, no decision and vote outcome, if any) and please attach a copy of any report or memorandum developed with comments on this proposal.

Reviewed by: (Chairs, Directors, Faculty Groups, Faculty Councils, Committees, etc)	Contact person Name (phone/email)	Consequences of Review:	Date of Proposal Review	Review Summary Attached? (yes or no)
Theodore Fiedler, Chair MCLLC <i>Theodore Fiedler</i>	Theodore Fiedler 7-3761 / tfiedler@uky.edu			no
<i>ETC</i>				<i>yes</i>