

DROP COURSE FORM

1. General Information.			
a.	Submitted by the College of: <u>College of Health Sciences</u>	Today's Date: <u>9/20/10</u>	
b.	Department/Division: <u>Clinical Sciences/Clinical Laboratory Sciences</u>		
c.	Contact Person Name: <u>Michelle Butina</u>	Email: <u>mbu228@uky.edu</u>	Phone: <u>218-0852</u>
2. Course Information.			
a.	Course Prefix and Number: <u>CLS 860</u>		
b.	Course Title: <u>Blood Collection</u>		
c.	Credit Hours: <u>1</u>		
3.	Effective Date ¹ of Drop:	<input type="checkbox"/> Semester Following Approval	OR <input checked="" type="checkbox"/> Specific Term ² : <u>Fall 2011</u>
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>Blood collection content is being incorporated into a proposed new course, MLS 400 Laboratory Techniques and Phlebotomy (2 credits).</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:


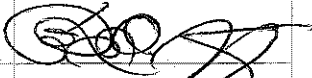
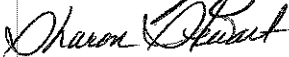
Course to be Dropped (prefix and number): CLS 860

Proposal Contact Person Name: Michelle Butina Phone: 218-0852 Email: mbu228@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
CLS Faculty	9/20/10	Dr. Michelle Butina / 218-0852 / mbu228@uky.edu	
Clinical Sciences Department	9/20/10	Dr. Karen Skaff / 218-0585 / karenskaff@uky.edu	
CHS Associate Dean for Academic Affairs	10/26/10	Dr. Sharon Stewart / 218-0570 / srstew01@email.uky.edu	
		/ /	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁵
Undergraduate Council	3/1/2011		
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.