UNIVERSITY OF KENTUCKY APPLICATION TO DROP A COURSE

Su	bmitted by College of Health Science	ces	Date	April 20, 2007
De	epartment/Division offering course	Clinical Scien	ces/Clinical & Reproductive Sciences	
Pr	efix and Number CSC 777	Title	Hemopoietic Stem Cell & Bone Marrow Transplantation: Non-Traditional Application	Credits 4
Ef	fective Date December, 2010		(semester & year)	
W	hy is the course to be dropped?			
_Cc	ourse included in D.Sc. in Clinical Scie	nces that is bo	eing closed effective 2010.	
	ill dropping this course change the deg yes, explain the change(s) below. (NO		ents in one or more programs? 'a program change must be submitted.)	☐ Yes X N
Ha a.	_		students in other departments/colleges? which student enrollment in this course has come	☐ Yes X
b.	What provision has been made for	meeting the	needs of these students?	
If	this course in current use in any of the so, please submit evidence (e.g., correspondence).		Colleges? at the Community College System has been	☐ Yes X
Is	this course currently included in the Un	niversity Stud	lies Program?	☐ Yes X
W	ithin the Department, who should be co	ontacted for f	further information about this proposal?	
Dı	. Doris Baker, Director		323-1	100 X 80854
	Nar	ne		Phone Extension

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Signatures of Approval:	
	9/18/06
Date of Approval by Department Faculty Lucon A Livart	Reported by Department Chair 5-16-07
Date of Approval by College Faculty	Reported by College Dean
*Date of Approval by Undergraduate Council	Reported by Undergraduate Council Chair
*Date of Approval by Graduate Council 6/19/07	Reported by Graduate Council Chair
*Date of Approval by Health Care Colleges Council (HCCC)	Reported by ACCC 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