## UNIVERSITY OF KENTUCKY APPLICATION TO DROP A COURSE

1.	Submitted by College of Health Sciences	Date	April 20, 2007	
	Department/Division offering course	es		
2.	Prefix and Number CSC 778 Title Clinical Molecular Cytometry		Credits 3	
3.	Effective Date December, 2010 (semester &	k year)		
4.	Why is the course to be dropped?			
	Course included in D.Sc. in Clinical Sciences that is being closed effective 2010.			
5.	Will dropping this course change the degree requirements in one or more programs?  If yes, explain the change(s) below. (NOTE – If "yes," a program change must be submitted.	d.)	☐ Yes X 1	No
6.	Has the course been taken by a significant number of students in other departments/college  a. If yes, list the college(s) or department(s) from which student enrollment in this cou			No
	b. What provision has been made for meeting the needs of these students?			
7.	Is this course in current use in any of the Community Colleges?  If so, please submit evidence (e.g., correspondence) that the Community College System h consulted.	as been	☐ Yes X	No
8.	Is this course currently included in the University Studies Program?		☐ Yes X	No
9.	Within the Department, who should be contacted for further information about this propose	al?		
	Dr. Doris Baker, Director	323	-1100 X 80854	
	Name		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