

DROP COURSE FORM

NOV 29 11

OFFICE OF THE SENATE COUNCIL

1. General Information.			
a.	Submitted by the College of:	<u>Agriculture</u>	Today's Date: <u>9/8/11</u>
b.	Department/Division:	<u>Family Sciences</u>	
c.	Contact Person Name:	<u>Donna Smith</u>	Email: <u>donnarsmith@uky.edu</u> Phone: <u>257-7733</u>
2. Course Information.			
a.	Course Prefix and Number:	<u>FAM 304</u>	
b.	Course Title:	<u>Personal and Family Risk Management</u>	
c.	Credit Hours:	<u>3</u>	
3.	Effective Date ¹ of Drop:	<input checked="" type="checkbox"/> Semester Following Approval	OR <input type="checkbox"/> Specific Term ² : _____
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>This class has not been taught for years, and is no longer required for the Family Sciences major. This is an effort to "clean up the bulletin" for students reviewing our courses.</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): FAM 304

Proposal Contact Person Name: Donna Smith

Phone: 257-7733

Email: donnarsmith@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 of Family Sciences	10-14-11	Donna Smith / 257-7733 / donnarsmith@uky.edu	
Undergraduate Curriculum Committee	10-28-11	Larry Grabau / 257-3469 / larry.grabau@uky.edu	
		/ /	
		/ /	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ⁵
Undergraduate Council	11/22/2011	Sharon Gill	
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.