# APPLICATION TO DROP A COURSE

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|---|---|---|---|---|---|
| **1.** | **General Information.** | | | | |
| a. | Submitted by the College of: | Agriculture | | Today's Date: | February 23, 2012 |
| b. | Department/Division: | Family Sciences | | | |
| c. | Contact Person Name: | Dr. Donna Smith | Email: donnarsmith@uky.edu | Phone: | 7-7733 |

| | | |
|---|---|---|
| **2.** | **Course Information.** | |
| a. | Course Prefix and Number: | FAM 474 |
| b. | Course Title: | Special Topics in Family Resource Management |
| c. | Credit Hours: | 1-3 |

**3.** **Effective Date[1] of Drop:** ☒ Semester Following Approval  OR  ☐ Specific Term[2]: _____

| | | | |
|---|---|---|---|
| **4.** | **Is this course cross-listed?** | | YES[3] ☐   NO ☒ |
| | 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] ☐   NO ☐ |
| | Explain, if necessary: | _____ | |

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| **5.** | **Why is the course being dropped?** | No longer needed; have another special topics course (FAM 475) |

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|---|---|---|
| **6.** | **Will dropping this course change the requirements[4] for any program?** | YES ☐   NO ☒ |
| | 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 ☐   NO ☒ |
| | If YES, list the colleges/departments: _____ | |
| | If YES, what provision has been made for meeting the needs of these students? _____ | |

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| **8.** | **Is this course currently included in the University Studies Program?** | YES ☐   NO ☒ |

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[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.

# APPLICATION TO DROP A COURSE

Signature Routing Log

**General Information:**

Course to be Dropped (prefix and number):     FAM 474

Proposal Contact Person Name:     Dr. Donna Smith     Phone: 7-7733     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 |
|---|---|---|---|
| Family Sciences Faculty | March 2, 2012 | Donna Smith / 7-7733 / donnarsmith@uky.edu | |
| Undergraduate Curriculum Committee | March 30, 2012 | Larry Grabau / 7-3469 / Larry.Grabau@uky.edu | |
| | | / / | |
| | | / / | |
| | | / / | |

**External-to-College Approvals:**

| Council | Date Approved | Signature | Approval of Revision[5] |
|---|---|---|---|
| Undergraduate Council | 6/26/2012 | Sharon Gill | |
| Graduate Council | | | |
| Health Care Colleges Council | | | |
| Senate Council Approval | | University Senate Approval | |

Comments:

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[5] Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.