### SIGNATURE ROUTING LOG

### **General Information:**

Proposal Type:	Course 🔀	Program 🗌	Othe	er 🗌	
Proposal Name <sup>1</sup>	(course prefix &	number, pgm major	& degree, etc.):	FR 300	DROP
Proposal Contac	t Person Name:	Jeffrey Peters	Phone: <u>269-</u> 1733	Email: <u>jr</u>	np@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
MCL French and Italian division faculty	9/15/09	Suzanne Pucci / 257-1066 / spucc1@uky.edu	Suspane Pucco
MCL, Chair	9/15/09	Ted Fiedler / 257- / tfiedler@uky.edu	Theodore Fied
		/ /	
A&S Educational Policy Committee	3/31/10	David Hunter / 257-7016 / david.hunter@uky.edu	Detenter ZH
A&S Associate Dean for Undergraduate Programs	3/31/10	Anna Bosch / 257-6689 / bosch@uky.edu	ARKBORL

### **External-to-College Approvals:**

Council	Date Approved	Signature	Approval of Revision <sup>2</sup>
Undergraduate Council	9/28/2010		
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:	

<sup>&</sup>lt;sup>1</sup> Proposal name used here must match name entered on corresponding course or program form.

<sup>&</sup>lt;sup>2</sup> Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.

# **REQUEST TO DROP A COURSE**

1.	General Information.			
a.	Submitted by the College of: A&S Today's Date: 9-15-09			
b.	Department/Division: MCLLC/French			
c.	Contact Person Name: <u>Dr. Jeffrey Peters</u> <u>Email: jnp@uky.edu</u> Pho	one: <u>269-1733</u>		
2.	Course Information.			
a.	Course Prefix and Number: FR 300			
b.	Course Title: Oral Practice in French			
c.	Credit Hours: 1			
3.	Effective Date <sup>1</sup> of Drop: Semester Following Approval OR Specific Term <sup>2</sup> :			
4.	Is this course cross-listed?	YES <sup>3</sup> NO		
	If YES <sup>3</sup> , what is the cross-listed course prefix and number?			
	If YES <sup>3</sup> , should the cross-listed course(s) also be dropped <sup>3</sup> ?	YES <sup>3</sup> NO		
	Explain, if necessary:			
5.	Why is the course being dropped? Not needed in new, revised major			
6.	Will dropping this course change the requirements <sup>4</sup> for any program?	YES 🗌 NO 🖂		
	If YES <sup>4</sup> , 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?			
8.	Is this course currently included in the University Studies Program?	YES NO		

<sup>&</sup>lt;sup>1</sup> The effective date for a dropped course is *the first term when the course is not available*, <u>NOT</u> the last term the course is offered. <sup>2</sup> Effective dates are typically the semester following approval. No course will be made effective until all approvals are received.

<sup>&</sup>lt;sup>3</sup> Signature of the chair of the cross-listing department is required on the Signature Routing Log.

<sup>&</sup>lt;sup>4</sup> In order to change a program, a program change form must also be submitted.