

REQUEST TO DROP A COURSE

1. General Information.	
a. Submitted by the College of: <u>A&S</u>	Today's Date: <u>9-15-09</u>
b. Department/Division: <u>MCLLC/French</u>	
c. Contact Person Name: <u>Dr. Jeffrey Peters</u>	Email: <u>jnp@uky.edu</u> Phone: <u>269-1733</u>
2. Course Information.	
a. Course Prefix and Number: <u>FR 300</u>	
b. Course Title: <u>Oral Practice in French</u>	
c. Credit Hours: <u>1</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>Not needed in new, revised major</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.