

SIGNATURE ROUTING LOG

General Information:

Proposal Type: Course Program Other
 Proposal Name¹ (course prefix & number, pgm major & degree, etc.): FR 450G *DROP*
 Proposal Contact Person Name: Jeffrey Peters Phone: 269-1733 Email: jnp@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	<i>Suzanne Pucci by TF</i>
MCL, Chair	9/15/09	Ted Fiedler / 257- / tfiedler@uky.edu	<i>Theodore Fiedler</i>
		/ /	
A&S Educational Policy Committee	3/31/10	David Hunter / 257-7016 / david.hunter@uky.edu	<i>D. Hunter</i>
A&S Associate Dean for Undergraduate Programs	3/31/10	Anna Bosch / 257-6689 / bosch@uky.edu	<i>ARB Bosch</i>

External-to-College Approvals:

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

Comments:

¹ Proposal name used here must match name entered on corresponding course or program form.

² 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: <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 450G</u>	
b. Course Title: <u>Topics in French Culture</u>	
c. Credit Hours: <u>3</u>	
3. Effective Date ¹ of Drop: <input type="checkbox"/> Semester Following Approval	OR <input type="checkbox"/> Specific Term ² : <u>Upon approval of new courses</u>
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.