Course Information

1a. Prefix and Number: HA - Health Administration , HA 635 MANAGEMENT ACCNTNG HLTH CARE ORGANIZATNS

1b. Course Title: MANAGEMENT ACCNTNG HLTH CARE ORGANIZATNS

1c. Credit Hours: 3.0

1d. Submitted by the College of: College of Public Health

   Date Submitted: 9/28/2015

1e. Department/Division: Master Health Administration

   Contact Person

   Name: Andrea Perkins

   Email: andrea.perkins@uky.edu

   Phone: 218-2021

   Responsible Faculty ID (if different from Contact)

   Name: Martha Riddell

   Email: martha.riddell@uky.edu

   Phone: 218-2012

Effective Date of Drop: Semester Following Approval OR:

Cross Listing:

Cross-listed course prefix and number: none

Should the cross-listed course(s) also be dropped?: No

   Explain, if necessary:

   Why is this course being dropped?: The purpose of this request is to transition all courses associated with the Masters of Health Administration (MHA) program from the "HA" to the "CPH" prefix.

   Will dropping this course change the requirements for any program?: Yes

   If Yes, list the program(s) here: Master of Health Administration

   Has the course been taken by a significant number of students in other colleges/depts?: No

   If YES, list the colleges/departments:

   If YES, what provision has been made for meeting the needs of these students?:

Is this course currently included in the University Studies Program?: No

   Instructor Name:

SIGNATURE|ALHAYS0|Andrea L Perkins|HA 635 DROP College Review|20150928

SIGNATURE|ZNNIKO0|Roshan Nikou|HA 635 DROP Graduate Council Review|20151008

Drop Course Form

Open in full window to print or save

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Attachments:

[Browse...]   **Upload File**

(* denotes required fields)

Course Information.

- **a.* Course Prefix and Number:**

  [HA - Health Administration |▼]
  [HA 635 MANAGEMENT ACCNTNG HLTH CARE ORGANIZATNS |▼]

- **b. Course Title:**   MANAGEMENT ACCNTNG HLTH CARE ORGANIZATNS
- **c. Credit Hours:**   3.0
- **d.* Submitted by the College of:** College of Public Health   Submission Date: 9/28/2015
- **e.* Department/Division:** Master Health Administration
- **f.**
    * Contact Person Name: Andrea Perkins   Email: andrea.perkins@uky.edu Phone: 218-2021
    * Responsible Faculty ID (if different from Contact)   Martha Riddell   Email: martha.riddell@uky.edu Phone: 218-2012

Effective Date[1] of Drop:* ⦿ Semester Following Approval OR ○ Specific Term [Select... |▼]

Cross-listing

Cross-listed course prefix and number none

Should the cross-listed course(s) also be dropped[3]? ○ Yes ○ No

Explain, if necessary:

Why is this course being dropped?*

The purpose of this request is to transition all courses associated with the Masters of Health Administration (MHA) program from the "HA" to the "CPH" prefix.

Will dropping this course change the requirements[4] for any program?* ⦿ Yes ○ No

If YES[4], list the program(s) here: Master of Health Administration

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?

Is this course currently included in the UK Core Program?* ○ Yes ◉ No

[1] The effective data 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.