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OFFICE OF THE
SENATE COUNCIL

Course Information

1a. Prefix and Number: HA - Health Administration , HA 637 HEALTH FINANCE

1b. Course Title: HEALTH FINANCE

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 637 DROP College Review|20150928

SIGNATURE|ZNNIKO0|Roshan Nikou|HA 637 DROP Graduate Council Review|20151008

Drop Course Form

https://myuk.uky.edu/sap/bc/soap/rfc?services=

Generate F

[Open in full window to print or save](#)

Attachments:

Upload File

(* denotes required fields)

Course Information.

a.* Course Prefix and Number:

| | |
|----------------------------|---|
| HA - Health Administration | ▼ |
| HA 637 HEALTH FINANCE | ▼ |

b. Course Title:

HEALTH FINANCE

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 Date¹ 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 dropped³? 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 "CPR" prefix.

Will dropping this course change the requirements⁴ for any program?* Yes No

Master of Health Administration

If YES⁴, list the program(s) here:

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.