OCT 17 07

## UNIVERSITY OF KENTUCKY APPLICATION TO DROP A COURSE

OFFICE OF THE SENATE COUNCIL

1.	Submitted by College of Honors Program Date 5/17/07
	Department/Division offering course Honors Program
2.	Prefix and Number HON 102A Title World Food Issues! Changing Credits 3
3.	Effective DateSpring 2007 (semester & year)
4.	Why is the course to be dropped?  Senate approved creation of 40N 115 as a
	new course, which replaces this one.
5.	Will dropping this course change the degree requirements in one or more programs?  If yes, explain the change(s) below. (NOTE – If "yes," a program change must be submitted.)
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6.	Has the course been taken by a significant number of students in other departments/colleges?  Yes  Yes  If yes, list the college(s) or department(s) from which student enrollment in this course has come, if known.
	b. What provision has been made for meeting the needs of these students?
7.	In this course in current upo in any of the Community Cally and
<i>'</i> .	Is this course in current use in any of the Community Colleges?  If so, please submit evidence (e.g., correspondence) that the Community College System has been consulted.
8.	Is this course currently included in the University Studies Program?
9.	Within the Department, who should be contacted for further information about this proposal?  7-3111
	Name Phone Extension

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Signatures of Approval:	
Date of Approval by Department Faculty	Reported by Department Chair
Date of Approval by College Faculty	Reported by College Dean
10-2-07	
*Date of Approval by Undergraduate Council	Reported by Undergraduate Council Chair
*Date of Approval by Graduate Council	Reported by Graduate Council Chair
*Date of Approval by Health Care Colleges Council (HCCC)	Reported by HCCC Chair
*Date of Approval by Senate Council	Reported by Senate Council Office
*Date of Approval by University Senate .	Reported by Senate Council Office
*If applicable, as provided by the Rules of the University Senate.	

Rev 07/06

## UNIVERSITY SENATE ROUTING LOG

Proposal Title: HDN 102A
Name/email/phone for proposal contact: Meg Marquis/Memargs Quemai/uky.edu/257-311/

comments on this proposal. consequences of the review (specifically, approval, rejection, no decision and vote outcome, if any) and please attach a copy of any report or memorandum developed with Instruction. To facilitate the processing of this proposal please identify the groups or individuals reviewing the proposal, identify a contact person for each entry, provide the

			Reviewed by: (Chairs, Directors, Faculty Groups, Faculty Councils, Committees, etc)
			Contact person Name (phone/email)
			Consequences of Review:
			Date of Proposal Review
			Review Summary Attached? (yes or no)