bul 17 87

## 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 HON10ZC Title Space & Politics: Beyond Credits 3
3.	Effective Date Spring 2007 (semester & year)
4.	Why is the course to be dropped?
	Senate approved creation of HON 135 as
	senate approved creation of HDN 135 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.)
6.	Has the course been taken by a significant number of students in other departments/colleges?  Yes  No.  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.	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?
	Meg Marquis 7-31119
	Name Phone Extension

## UNIVERSITY OF KENTUCKY APPLICATION TO DROP A COURSE

5/17/07	MA//1/11/11/11
Date of Approval by Department Faculty	Reported by Department Chair
Date of Approval by College Faculty  10 - 2 - 07	Reported by College Dean
*Date of Approval by Undergraduate Council	Reported by Undergraduate Council Cha
*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

Rev 07/06

## RECEIVED

## UNIVERSITY SENATE ROUTING LOG

OFFICE OF THE SENATE COUNCIL

Proposal Title: DROP HON 102C

Name/email/phone for proposal contact: Meg Margu is/memarg & Demail. uky. edu/257-3///

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

Name (phonc/email)  Consequences of Date of Proposal Review:  Review				
Name (phonc/email)  Consequences of Date of Proposal Review:  Review				aculty Groups,
Review				
1 1 1 1 1 1				Consequences of Review:
Review Su Attached? (yes or no)				Date of Proposal Review
mmary			,	Review Summary Attached? (yes or no)