RECEIVED

UNIVERSITY SENATE ROUTING LOG

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Proposal Title: Drop HON 102D

Name/email/phone for proposal contact: Meg Marqui 5/Memarg & Contact person for each entry, p

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? (ves or no)

RECEIVED

UNIVERSITY OF KENTUCKY APPLICATION TO DROP A COURSE

OCT 17 07

1.	Submitted by College of Honor's Program Date	5/17/CENATE COU
	Department/Division offering course Honor S Program	
2.	Prefix and Number HON 102D Title Of Human Identity	Credits 3
3.	Effective Date Spring 2007 (semester & year)	
1.	Why is the course to be dropped?	
	senate approved creation of HON as a new course, which replaces this one	145
	as a new course, which replaces 4111s one	•
	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.)	☐ Yes ② No
	Has the course been taken by a significant number of students in other departments/colleges?	Yes No
	a. If yes, list the college(s) or department(s) from which student enrollment in this course has come	e, if known.
	b. What provision has been made for meeting the needs of these students?	
	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.	Yes No
	Is this course currently included in the University Studies Program?	Yes No
	Within the Department, who should be contacted for further information about this proposal?	
	Name	Phone Extension

UNIVERSITY OF KENTUCKY APPLICATION TO DROP A COURSE

Signatures of Approval:	÷
5/17/07	McMarques
Date of Approval by Department Faculty	Reported by Department Chair
Date of Approval by College Faculty $10 - 2 - 0.7$	Reported by College Dean
*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	•