UNIVERSITY OF KENTUCKY APPLICATION TO DROP A COURSE

001 17 07

	APPLICATION TO DROP A COURSE	OFFICE OF THE
Sub	mitted by College of Honors Program Date	SENATE COUNCIL
Dep	partment/Division offering course Honors Pragram	
Pre	fix and Number HON 2018 Title the Nanotechnology Revolution Social 2007 Sective Date Social 2007 Sective Date Transfer & year)	of Credits 3
Effe	ective Date Spring 2007 (semester & year)	
Wh	y is the course to be dropped?	
		221 as a
	Senate approved as creation of HON lew course, which replaces this one.	
	dropping this course change the degree requirements in one or more programs? es, explain the change(s) below. (NOTE – If "yes," a program change must be submitted.)	Yes 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?	
If so	is course in current use in any of the Community Colleges? , please submit evidence (e.g., correspondence) that the Community College System has been ulted.	☐ Yes ☐ No
	is course currently included in the University Studies Program?	☐ Yes ☐ No
With	in the Department, who should be contacted for further information about this proposal? Name Name	57-311/
	Name	Phone Extension

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Signatures of Approval:	
S/17/07 Date of Approval by Department Faculty	Reported by Department Chair
Date of Approval by College Faculty O/2/07 *Date of Approval by Undergraduate Council	Reported by College Dean 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

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ne/email/p	posal Title: [
Name/email/phone for proposal contact: Meg M	le: DROP
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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 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 comments on this proposal.

Faculty Councils, Committees, etc) Name (phone/email) Name (phone/email) Consequences of Consequences of Review: Review: Review (yes or no)
Consequences of Review: Review
ences of Date of Proposal Review
Review Summary Attached? (yes or no)

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OFFICE OF THE SENATE COUNCIL