

UNIVERSITY OF KENTUCKY  
APPLICATION TO DROP A COURSE

1. Submitted by College of Honors Program Date 5/17/07

Department/Division offering course Honors Program

2. Prefix and Number HON 201C Title The Written World Credits 3

3. Effective Date Spring 2007 (semester & year)

4. Why is the course to be dropped?  
Senate approved creation of HON 231 as a new course, which replaces this one.

5. Will dropping this course change the degree requirements in one or more programs?  Yes  No  
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

a. 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?  Yes  No  
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?  Yes  No

9. Within the Department, who should be contacted for further information about this proposal?  
Meg Marquis Name 7-311 Phone Extension

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Signatures of Approval:

5/17/07

Date of Approval by Department Faculty

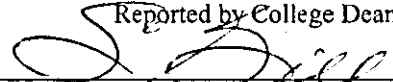
  
Reported by Department Chair

Date of Approval by College Faculty

10-2-07

\*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

**Proposal Title:** Drop HON 201c  
**Name/email/phone for proposal contact:** Meg Margulis/memargg@email.uky.edu/257-3111

**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.

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)

**RECEIVED**  
 OCT 17 07  
 OFFICE OF THE  
 SENATE COUNCIL