UNIVERSITY OF KENTUCKY APPLICATION TO DROP A COURSE

OCT 17 07

1.	Submitted by College of Honors Program Date 5/17/05 PATE COUNCY
	Department/Division offering course HONOIS Program
2.	Prefix and Number HON 201D Title Statistical Thought Credits 3
3.	Effective Date Spring 7007 (semester & year)
4.	Why is the course to be dropped?
	senate approved creation of HON 241 & 24Z 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? 1 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? 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? May May is Name 7-3/1 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
	Dill
*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

OFFICE OF THE SENATE COUNCIL

UNIVERSITY SENATE ROUTING LOG

Proposal Title: Prop 40N 201D

Name/email/phone for proposal contact: Meg Marquis /memarqs @endil.uky.edy/257-311

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.

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