

Drop Course Report

9/22/2015 11:35:17 AM

AEOFIVED

Course Information

SEP 22 2015

1a. Prefix and Number: HP - Historic Preservation, HP 722 HISTORIC PROPERTIES MGMT &ADMIN

OFFICE OF THE SENATE COUNCIL

1b. Course Title: HISTORIC PROPERTIES MGMT &ADMIN

1c. Credit Hours: 3.0

1d. Submitted by the College of: College of Design

Date Submitted: 7/24/2015

1e. Department/Division: Historic Preservation

Contact Person

Name: Allison Carll White

Email: hedcarll@uky.edu

Phone: 8592577763

Responsible Faculty ID (if different from Contact)

Name:

Email:

Phone:

Effective Date of Drop: Semester Following Approval OR:

Cross Listing:

Cross-listed course prefix and number: none

Should the cross-listed course(s) also be dropped?: No

Explain, if necessary:

Why is this course being dropped?: course is no longer needed in the program

Will dropping this course change the requirements for any program?: No

If Yes, list the program(s) here:

Has the course been taken by a significant number of students in other colleges/depts?: No

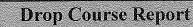
If YES, list the colleges/departments:

If YES, what provision has been made for meeting the needs of these students?:

Is this course currently included in the University Studies Program?: No

Instructor Name:

SIGNATURE JHDSAWDJA Whiteside-Dickson JHP 722 DROP College Review 20150730





SIGNATURE|HEDCARLL|Allison C White|HP 722 DROP Dept Review|20150730 SIGNATURE|ZNNIKO0|Roshan Nikou|HP 722 DROP Graduate Council Review|20150922

Drop Course Form

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| Attachments: | | |
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| | (* denotes required fields) | |
| Course Information. | | - |
| a.* Course Prefix and Number: | | |
| HP - Historic Preservation | THE ADMINISTRATION OF THE PROPERTY OF THE PROP | |
| HP 722 HISTORIC PROPER | TIES MGMT & ADMIN | |
| • b. Course Tille: | HISTORIC PROPERTIES MGMT & ADMIN | |
| c. Credit Hours: d.* Submitted by the College of | 3.0 Submission Date: 7/24/2015 | |
| e.* Department/Division: | College of Design Submission Date: 7/24/2015 Historic Preservation | |
| • f. | mistoric Preservation | |
| * Contact Person Name: | Allison Caril White Email: hedcarli@uky.edu Phone: 8592577763 | |
| * Responsible Faculty ID (if different from Contact) | Email: Phone; | |
| dillordik iloni ooridog | | |
| | | |
| Effective Date of Drop: Semes | ter Following Approval OR © Specific Term Select * | |
| Should the cross-listed course(s) also Explain, if necessary: | be dropped ³ ? ① Yes ② No | |
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| Why is this course being dropped? | | |
| course is no longer needed in | n the program | |
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| Will dropping this course change t | he requirements⁴ for any program?* ⊖ Yes ® No | |
| If YES ⁴ , list the program(s) here: | | |
| | gnificant number of students in other colleges/depts?* ① Yes ᠊ᢀ No | |
| | | |
| If YES, list the colleges/departments: If YES, what provision has been made | le for meeting the needs of these students? | |
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Is this course currently included in the UK Core Program?* ⊙ Yes ® No

¹ The effective data for a dropped course is the first term when the course is not available, NOT the last term the course is offered.

² Effective dates are typically the semester following approval. No course will be made effective until all approvals are received.

³ Signature of the chair of the cross-listing department is required on the Signature Routing Log.

⁴ In order to change a program, a program change form must also be submitted.