

RECEIVED

SEP 22 2015

Course Information

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|HDSAWD|A Whiteside-Dickson|HP 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

https://myuk.uky.edu/sap/bc/soap/rfc?services=

Generate R

Open in full window to print or save

Attachments:

Browse...

Upload File

(* denotes required fields)

Course Information.

a.* Course Prefix and Number:

HP - Historic Preservation
 HP 722 HISTORIC PROPERTIES MGMT & ADMIN

b. Course Title: HISTORIC PROPERTIES MGMT & ADMIN

c. Credit Hours: 3.0

d.* Submitted by the College of: College of Design Submission Date: 7/24/2015

e.* Department/Division: Historic Preservation

f.
 * Contact Person Name: Allison Caril White Email: hedcaril@uky.edu Phone: 8592577763
 * Responsible Faculty ID (if different from Contact) Email: Phone:

Effective Date¹ of Drop:* Semester Following Approval OR Specific Term

Cross-listing

Cross-listed course prefix and number none

Should the cross-listed course(s) also be dropped?² Yes No

Explain, if necessary:

Why is this course being dropped?³

course is no longer needed in the program

Will dropping this course change the requirements⁴ for any program?⁴ Yes No

If YES⁴, list the program(s) here:

Has the course been taken by a significant number of students in other colleges/depts?⁵ Yes 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 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.