

SEP 22 2015

Course Information

1a. Prefix and Number: HP - Historic Preservation, HP 728 HIS LNDSCP/GARDEN RESTORATN & INTERPRET

OFFICE OF THE
SENATE COUNCIL

1b. Course Title: HIS LNDSCP/GARDEN RESTORATN & INTERPRET

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 Carl 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 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 728 DROP College Review|20150730

SIGNATURE|HEDCARLL|Allison C White|HP 728 DROP Dept Review|20150730

SIGNATURE|ZNNIKO0|Roshan Nikou|HP 728 DROP Graduate Council Review|20150922

Drop Course Form

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

[Open in full window to print or save](#)

Generate R

Attachments:

Upload File

(* denotes required fields)

Course Information.

a.* Course Prefix and Number:

HP - Historic Preservation
HP 728 HIS LNDSCP/GARDEN RESTORATN & INTERPRET

b. Course Title: HIS LNDSCP/GARDEN RESTORATN & INTERPRET

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 Carll White Email: hedcarll@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 dropped²? Yes No

Explain, if necessary:

Why is this course being dropped?*

Course no longer needed in the program.

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

If YES⁴, list the program(s) here:

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