APPLICATION TO DROP A COURSE

1.	General Information.	
a.	Submitted by the College of: Design	Today's Date: Sept. 22, 2011
b.	Department/Division: School of Interior Design	
c.	Contact Person Name: Ann W. Dickson	Email: hdsawd@uky.edu	Phone: 7-7767

2.	Course Information.
a.	Course Prefix and Number: ID 151
b.	Course Title: Creative Design Foundations
c.	Credit Hours: 5

3.	Effective Date[1] of Drop: ☒ Semester Following Approval OR ☐ Specific Term[2]: _____

4.	Is this course cross-listed?	YES[3] ☐ NO ☒
	If YES[3], what is the cross-listed course prefix and number? _____	
	If YES[3], should the cross-listed course(s) also be dropped[3]?	YES[3] ☐ NO ☐
	Explain, if necessary: _____	

5.	Why is the course being dropped?	Course belongs to an older Interior Design Program that has not been taught since 2005.

6.	Will dropping this course change the requirements[4] for any program?	YES ☐ NO ☒
	If YES[4], list the program(s) here: _____	

7.	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? _____	

8.	Is this course currently included in the University Studies Program?	YES ☐ NO ☒

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[1] The effective date 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.

Rev 8/09

APPLICATION TO DROP A COURSE

Signature Routing Log

General Information:

Course to be Dropped (prefix and number): <u>ID 151</u>

Proposal Contact Person Name: <u>Ann W. Dickson</u>   Phone: <u>7-7767</u>   Email: <u>hdsawd@uky.edu</u>

INSTRUCTIONS:

Identify the groups or individuals reviewing the proposal; note the date of approval; offer a contact person for each entry; and obtain signature of person authorized to report approval.

Internal College Approvals and Course Cross-listing Approvals:

Reviewing Group	Date Approved	Contact Person (name/phone/email)	Signature
School Committee Chair	9/2/2011	Allison Carll White / 257-7763 / hedcarll@uky.edu	*Allison C. White*
School Director	9/2/2011	Ann Dickson / 257-7767 / hdsawd@uky.edu	*Ann P. Dickson*
Associate Dean	9/2/2011	Mark O'Bryan / 502-435-4884 / m2@iglou.com	*Mark O'Bryan*
		/ /	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision[5]
Undergraduate Council	10/11/2011	S. Gill sgill@uky.edu	
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

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[5] Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.