# APPLICATION TO DROP A COURSE

**1. General Information.**

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|---|---|---|---|
| a. | Submitted by the College of: Design | Today's Date: | Sept. 1, 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 171 |
| b. | Course Title: Interior Design Problem Solving Fundamentals |
| 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?  In May, 2011 the Interior Design program was revised to a 4-year degree. This course number is no longer being taught -- it was part of the old 5-year program.

**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):  ID 171

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

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 | *A. W. 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.