

APPLICATION TO DROP A COURSE

RECEIVED

OCT 13 2011

OFFICE OF THE SENATE COUNCIL

1. General Information.	
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 253
b. Course Title:	Interior Design Graphic Communication
c. Credit Hours:	5
3. Effective Date ¹ of Drop:	<input checked="" type="checkbox"/> Semester Following Approval OR <input type="checkbox"/> Specific Term ² : _____
4. Is this course cross-listed?	YES ³ <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.

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Signature Routing Log

General Information:

Course to be Dropped (prefix and number): ID 253

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	<i>Allison C. White</i>
School Director	9/2/2011	Ann Dickson / 257-7767 / hdsawd@uky.edu	<i>Ann W. Dickson</i>
Associate Dean	9/2/2011	Mark O'Bryan / 502-435-4884 / m2@iglou.com	<i>Mark O'Bryan</i>
		/ /	
		/ /	

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:

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