APPLICATION TO DROP A COURSE

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 272
b.	Course Title: Interior Design Studio I: Designer As Artist
c.	Credit Hours: 6

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

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Signature Routing Log

General Information:

Course to be Dropped (prefix and number): ID 272

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 Caril White / 257-7763 / hedcarll@uky.edu	Allison C. White
School Director	9/2/2011	Ann Dickson / 257-7767 / hdsawd@uky.edu	
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.