

APPLICATION TO DROP A COURSE

OCT 13 2011

OFFICE OF THE SENATE COUNCIL

<b>1. General Information.</b>	
a. Submitted by the College of: <u>Design</u>	Today's Date: <u>Sept. 1, 2011</u>
b. Department/Division: <u>School of Interior Design</u>	
c. Contact Person Name: <u>Ann W. Dickson</u>	Email: <u>hdsawd@uky.edu</u> Phone: <u>7-7767</u>
<b>2. Course Information.</b>	
a. Course Prefix and Number: <u>ID 429</u>	
b. Course Title: <u>Interior Design Portfolio Preparation</u>	
c. Credit Hours: <u>2</u>	
3. Effective Date <sup>1</sup> of Drop: <input checked="" type="checkbox"/> Semester Following Approval OR <input type="checkbox"/> Specific Term <sup>2</sup> : _____	
4. Is this course cross-listed? YES <sup>3</sup> <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If YES <sup>3</sup> , what is the cross-listed course prefix and number? _____	
If YES <sup>3</sup> , should the cross-listed course(s) also be dropped <sup>3</sup> ? YES <sup>3</sup> <input type="checkbox"/> NO <input type="checkbox"/>	
Explain, if necessary: _____	
5. Why is the course being dropped?	<u>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.</u>
6. Will dropping this course change the requirements <sup>4</sup> for any program? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If YES <sup>4</sup> , 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"/>	

<sup>1</sup> 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.  
<sup>2</sup> Effective dates are typically the semester following approval. No course will be made effective until all approvals are received.  
<sup>3</sup> Signature of the chair of the cross-listing department is required on the Signature Routing Log.  
<sup>4</sup> In order to change a program, a program change form must also be submitted.

# APPLICATION TO DROP A COURSE

## Signature Routing Log

**General Information:**

Course to be Dropped (prefix and number): ID 429

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 <sup>5</sup>
Undergraduate Council	10/11/2011	S.Gill sgill@uky.edu	
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

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