

APPLICATION TO DROP A COURSE

RECEIVED

OCT 13 2011

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| 1. General Information. | |
| a. Submitted by the College of: <u>Design</u> | Today's Date: <u>Sept. 1, 2011</u> OFFICE OF THE SENATE COUNCIL |
| 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> |
| 2. Course Information. | |
| a. Course Prefix and Number: <u>ID 460</u> | |
| b. Course Title: <u>Comprehensive Research and Programming</u> | |
| c. Credit Hours: <u>3</u> | |
| 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? <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 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 460

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 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.