

APPLICATION TO DROP A COURSE

1. General Information.	
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>
2. Course Information.	
a. Course Prefix and Number: <u>ID 557</u>	
b. Course Title: <u>Interior Design Studio 3</u>	
c. Credit Hours: <u>5</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>Course belongs to an older Interior Design Program that has not been taught since 2005.</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:

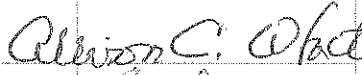


Course to be Dropped (prefix and number): ID 557

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	
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	
		/ /	
		/ /	

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.