DROP COURSE FORM

1. **General Information.**

   a. Submitted by the College of: <u>Education</u>   Today's Date: <u>9/30/10</u>

   b. Department/Division: <u>Kinesiology and Health Promotion</u>

   c. Contact Person Name: <u>Heather Erwin</u>   Email: <u>heather.erwin@uky.edu</u>   Phone: <u>7-5311</u>

2. **Course Information.**

   a. Course Prefix and Number: <u>KHP 147</u>

   b. Course Title: <u>Dance Foundations I</u>

   c. Credit Hours: <u>1</u>

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?   <u>This course was performance-based, and this is inconsistent with current practices of preparing physical education teachers to teach dance.</u>

6. **Will dropping this course change the requirements[4] for any program?**   YES ☒   NO ☐

   If YES[4], list the program(s) here: <u>Kinesiology: Teacher Certification</u>

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.

DROP COURSE FORM

Signature Routing Log

General Information:

Course to be Dropped (prefix and number):   KHP 147

Proposal Contact Person Name: Heather Erwin   Phone: 7-5311   Email: heather.erwin@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
KHP Faculty	9/30/10	Melody Noland	257-5826	melody.noland @uky.edu	Melody Noland
C&C Committee	10/25/10	Douglas C. Smith	257-1824	dcsmit1 @uky.edu	Douglas C Smith
Ed faculty	11/a/10	Steve Parker	257-8847	sparko1 @uky.edu	
			/	/	
			/	/	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision[5]
Undergraduate Council	2/1/2011		
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.

Rev 8/09