

DROP COURSE FORM

1. General Information.

- a. Submitted by the College of: Education Today's Date: 9/30/10
- b. Department/Division: Kinesiology and Health Promotion
- c. Contact Person Name: Heather Erwin Email: heather.erwin@uky.edu Phone: 7-5311

2. Course Information.

- a. Course Prefix and Number: KHP 154
- b. Course Title: Dance Foundations II
- c. Credit Hours: 1

3. Effective Date¹ of Drop: Semester Following Approval OR Specific Term²: _____

4. Is this course cross-listed? YES³ NO

If YES³, what is the cross-listed course prefix and number? _____

- If YES³, should the cross-listed course(s) also be dropped³? YES³ NO

Explain, if necessary: _____

5. Why is the course being dropped? This course was performance-based, and this is inconsistent with current practices of preparing physical education teachers to teach dance.

6. Will dropping this course change the requirements⁴ for any program? YES NO

If YES⁴, list the program(s) here: Kinesiology: Teacher Certification

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

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.

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 154

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	10/4/10	Melody Noland 1257-5826 / melody.noland@uky.edu	Melody Noland
C&C Committee	10/25/10	Douglas C. Smith 1257-1824 / dcsmit4@uky.edu	Douglas C. Smith
Ed. faculty	11/9/10	Steve Parker 1257-5847 / spark01@uky.edu	Steve Parker
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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.