CNIVERSITY OF KENTUCKY

Drop Course Report

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Course Information

1a. Prefix and Number: LAW - Law, LAW 985 LONDON LAW: CROSS BORDER FINANCE

1b. Course Title: LONDON LAW: CROSS BORDER FINANCE

1c. Credit Hours: 3.0

1d. Submitted by the College of: College of Law

Date Submitted: 8/29/2014

1e. Department/Division: Law Instruction

Contact Person

Name: Douglas Michael

Email: michaeld@uky.edu

Phone: 71485

Responsible Faculty ID (if different from Contact)

Name:

Email:

Phone:

Effective Date of Drop: Specific Term: Acad Year 2014-2015, Fall Semester Aug-2014

Cross Listing:

Cross-listed course prefix and number: none

Should the cross-listed course(s) also be dropped?: No

Explain, if necessary:

Why is this course being dropped?: One-time offering at study abroad program which utilizes rotating faculty assignments

Will dropping this course change the requirements for any program?: No

If Yes, list the program(s) here:

Has the course been taken by a significant number of students in other colleges/depts?: No

If YES, list the colleges/departments:

If YES, what provision has been made for meeting the needs of these students?:

Is this course currently included in the University Studies Program?: No

Instructor Name:

AUG 29 2014

OFFICE OF THE SENATE COUNCIL



Drop Course Report

SIGNATURE|MICHAELD|Douglas C Michael|LAW 985 DROP College Review|20140829

Courses	Request Tracking		

Drop Course Form

https	s://myuk.uky.edu/sap/bc/soap/rfc?servi	ces=			
	Open in full window to print or say	<u>re</u>	88,540,000,000,000,000		
Attachments:					
	Browse. No file selected.				
	Select saved project to retrieve				
	(* denotes required fields)				
Course Information.					
• a.* Course Prefix and Number,					
LAW-Law					
	LAW 985 LONDON LAW: C	ROSS BORDER FINANCE			
	b. Course Title;	LONDON LAW: CROSS BORDER FINANCE			
	c. Credit Hours:	3.0			
	d.* Submitted by the College o	f: College of Law Submission Date: 8/29/2014			
	e.* Department/Division: • f.	LawInstruction			
	* Contact Person Name:	Douglas Michael Email: michaeld@uky.edu Phone: 71485			
	* Responsible Faculty ID (if different from Contact)	Email: Phone:			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			
•	Effective Date ¹ of Drop:* Seme	ster Following Approval OR * Specific Term Acad Year 2014-2015, Fall Semester Aug-2014			
٠	Cross-listing				
	Cross-listed course prefix and number	f none			
Should the cross-listed course(s) also be dropped ³ ? Yes No					
	Explain, if necessary:				
٠	Why is this course being dropped	7^* broad program which utilizes rotating faculty assignments			
	one time offering at brady as	read program which actives fooding faculty assignments			
		•			
•	Will dropping this course change t	the requirements 4 for any program?* O Yes & No			
		· · · · · · · · · · · · · · · · · · ·			
	If YES ⁴ , list the program(s) here:				
	Has the course been taken by a si	gnificant number of students in other colleges/depts?* ③ Yes * No			
	If YES, list the colleges/departments:				
		e for meeting the needs of these students?			
•	is this course currently included in	the UK Core Program?* 8 Yes * No			
		- 100 110			
	The effective data for a drapped sour	se 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.
 Signature of the chair of the cross-fisting department is required on the Signature Routing Log.
 In order to change a program, a program change form must also be submitted.