

REQUEST TO DROP A COURSE

1. General Information.			
a.	Submitted by the College of: <u>Agriculture</u>	Today's Date:	<u>10/12/09</u>
b.	Department/Division: <u>Interdisciplinary Program</u>		
c.	Contact Person Name: <u>Dr. Mary Arthur</u>	Email: <u>marthur@uky.edu</u>	Phone: <u>257-2852</u>
2. Course Information.			
a.	Course Prefix and Number: <u>NRC 330</u>		
b.	Course Title: <u>NEPA Compliance</u>		
c.	Credit Hours: <u>3</u>		
3.	Effective Date ¹ of Drop:	<input type="checkbox"/> Semester Following Approval	OR <input checked="" type="checkbox"/> Specific Term ² : <u>Fall 2010</u>
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?	<u> </u>	
	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:	<u> </u>	
5.	Why is the course being dropped?	<u>Course is no longer taught.</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:	<u> </u>	
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:	<u> </u>	
	If YES, what provision has been made for meeting the needs of these students?	<u> </u>	
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.

REQUEST FOR COURSE CHANGE (MAJOR AND MINOR)

Signature Routing Log

General Information:

Course Prefix and Number: NRC prefix to NRE prefix

Proposal Contact Person Name: Dr. Mary Arthur Phone: 257-2852 Email: marthur@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
Natural Resource Conservation and Management Steering Committee	10-12-09	Mary Arthur / 257-2852 / marthur@uky.edu	<i>Mary A. Arthur</i>
Undergraduate Carr. Comm. COA	10-16-09	Larry Graben 17-1688 lgraben@ ^{lgraben@} email.uky.edu	<i>Larry J. Graben</i>
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External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision ^a
Undergraduate Council	1-19-2010	<i>[Signature]</i>	
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

^a Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.