REQUEST TO DROP A COURSE

1.	**General Information.**				
a.	Submitted by the College of:	Agriculture		Today's Date:	10/12/09
b.	Department/Division:	Interdisciplinary Program			
c.	Contact Person Name:	Dr. Mary Arthur	Email: marthur@uky.edu	Phone:	257-2852

2.	**Course Information.**	
a.	Course Prefix and Number:	NRC 380
b.	Course Title:	Analysis of Natural Resource Systems
c.	Credit Hours:	3

3.	**Effective Date[1] of Drop:** ☐ Semester Following Approval OR ☒ Specific Term[2]: Fall 2010

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?**	Course is no longer taught.

6.	**Will dropping this course change the requirements[4] for any program?**	YES ☐	NO ☒
	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 ☐	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*, <u>NOT</u> 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.

Rev 8/09

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	*Mary D. Arthur*
Undergraduate Curr. Comm COA	10-16-09	Larry Graben 7-1685 lgrabau@email.uky.edu	*Larry Graben*
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External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision[§]
Undergraduate Council	1-19-2010	*(signature)*	
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

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