DROP COURSE FORM

1. **General Information.**

a.	Submitted by the College of: The Graduate School	Today's Date:	December 2, 2011

b. Department/Division: The Martin School of Public Policy and Administration

c. Contact Person Name: William Hoyt Email: whoyt@uky.edu Phone: 257-2518

2. **Course Information.**

a. Course Prefix and Number: PA 769

b. Course Title: Residence Credit for the Doctor's Degree

c. Credit Hours: (0-12)

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?** Graduate School rules regarding registration for dissertation residency credit have been changed. Course is no longer used and has been replaced by PA 767.

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.

DROP COURSE FORM

Signature Routing Log

General Information:

Course to be Dropped (prefix and number): PA 769

Proposal Contact Person Name: Sarah Lee   Phone: 7-5594   Email: solee@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
Martin School Faculty	12/1/11	William Hoyt / 7-2518 / whoyt@uky.edu	
		/ /	
		/ /	
		/ /	
		/ /	

External-to-College Approvals:

Council	Date Approved	Signature	Approval of Revision[5]
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

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