DROP COURSE FORM

1.	**General Information.**				
a.	Submitted by the College of:	Agriculture		Today's Date:	03/24/11
b.	Department/Division:	Plant and Soil Sciences			
c.	Contact Person Name:	D. W. Williams	Email:	dwilliam@uky.edu	Phone:	7-2517

2.	**Course Information.**
a.	Course Prefix and Number: PLS 619
b.	Course Title: Cytogenetics
c.	Credit Hours: 4

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? BIO 619	
	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?**	The course is no longer being offered. Rather than taking courses in cytogenetics, graduate students are now enrolling in other advanced courses with genetic implications.

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): PLS 619

Proposal Contact Person Name: D.W. Williams   Phone: 7-2517   Email: dwilliam@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
Plant and Soil Science Faculty	4.1.11	Todd Pfeiffer / 218-0709 / tpfeiffe@uky.edu	Todd Pfeiffer
College of Agriculture Graduate Curriculum Committee	4-8-11	Larry Grabau / 257-1885 / Larry.Grabau @uky.edu	Larry Grabau
		/	
		/	
		/	

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.