

DROP COURSE FORM

1. General Information.			
a.	Submitted by the College of: <u>Agriculture</u>	Today's Date: <u>03/24/11</u>	
b.	Department/Division: <u>Plant and Soil Sciences</u>		
c.	Contact Person Name: <u>D. W. Williams</u>	Email: <u>dwilliam@uky.edu</u>	Phone: <u>7-2517</u>
2. Course Information.			
a.	Course Prefix and Number: <u>PLS 367</u>		
b.	Course Title: <u>Soil and Water Analysis Laboratory</u>		
c.	Credit Hours: <u>3</u>		
3.	Effective Date¹ of Drop:	<input checked="" type="checkbox"/> Semester Following Approval	OR <input type="checkbox"/> Specific Term ² : _____
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? _____		
	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: _____		
5.	Why is the course being dropped?	<u>The course is no longer being offered because it has been integrated into PLS 366.</u>	
6.	Will dropping this course change the requirements⁴ for any program?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	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 <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.

DROP COURSE FORM

Signature Routing Log

General Information:

Course to be Dropped (prefix and number): PLS 367

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 / 215-0709 / tpfeiff@uky.edu	Todd Pfeiffer
College of Agriculture Undergraduate 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	10/11/2011	Sharon Gill	
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:

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