

**UNIVERSITY OF KENTUCKY
APPLICATION TO DROP A COURSE**

1. Submitted by College of _____ Date _____

Department/Division offering course _____

2. Prefix and Number _____ Title _____ Credits _____

3. Effective Date _____ (semester & year)

4. Why is the course to be dropped?

5. Will dropping this course change the degree requirements in one or more programs? Yes No
If yes, explain the change(s) below. (NOTE – If “yes,” a program change must be submitted.)

6. Has the course been taken by a significant number of students in other departments/colleges? Yes No

a. If yes, list the college(s) or department(s) from which student enrollment in this course has come, if known.

b. What provision has been made for meeting the needs of these students?

7. Is this course in current use in any of the Community Colleges? Yes No
If so, please submit evidence (e.g., correspondence) that the Community College System has been consulted.

8. Is this course currently included in the University Studies Program? Yes No

9. Within the Department, who should be contacted for further information about this proposal?

Name Phone Extension

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Signatures of Approval:

8/2007
Date of Approval by Department Faculty

5-08-08
Date of Approval by College Faculty

*Date of Approval by Undergraduate Council

*Date of Approval by Graduate Council

7/15/08
*Date of Approval by Health Care Colleges Council (HCCC)

*Date of Approval by Senate Council

*Date of Approval by University Senate

Judith L. Page
Reported by Department Chair

Sharon R. Stewart
Reported by College Dean

Reported by Undergraduate Council Chair

Reported by Graduate Council Chair

Heidi M. Anderson
Reported by HCCC Chair

Reported by Senate Council Office

Reported by Senate Council Office

*If applicable, as provided by the Rules of the University Senate.

Rev 07/06