# **DROP COURSE FORM**

1.	General Information.						
a.	Submitted by the College of:	Social Work	Today's Date:	<u>1-24-11</u>			
b.	Department/Division: Social Work						
C.	Contact Person Name: <u>Dr. Karen Badger</u> <u>Email: karen.badger@uky.edu</u> Phone: <u>7-2350</u>						
2.	Course Information.						
a.	Course Prefix and Number: SW 420						
b.	Course Title: Human Behavior and the Social Environment						
	Credit Hours: 3						
3.	Effective Date¹ of Drop: Semester Following Approval OR Specific Term²: Spring 2012						
4.	Is this course cross-listed?			YES³ NO 🖂			
	If YES <sup>3</sup> , what is the cross-listed course prefix and number?						
	If YES <sup>3</sup> , should the cross-listed	d course(s) also be dropped <sup>3</sup> ?		YES <sup>3</sup> NO [			
	Explain, if necessary:						
5.	This social work major course requirement is being replaced with a two course sequence in response to a transition to a competency based education model per our accreditation requirements and increased learning outcome expectations. These changes require additional content, a change in pedagogy, and a greater opportunity for application of knowledge and skills beyond what can be offered in the current course.						
6.	Will dropping this course change the requirements <sup>4</sup> for any program?  YES NO						
	If YES <sup>4</sup> , list the program(s) here:	BASW					
7.	Has the course been taken b	y a significant number of students in ot	her 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 inclu	ded in the University Studies Program?		YES NO			
<u></u>	A CONTRACTOR OF THE CONTRACTOR	Annual Management (1.1.) and a stress form of the stress o					

<sup>&</sup>lt;sup>1</sup> 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. <sup>2</sup> Effective dates are typically the semester following approval. No course will be made effective until all approvals are received.

<sup>&</sup>lt;sup>3</sup> Signature of the chair of the cross-listing department is required on the Signature Routing Log.

<sup>&</sup>lt;sup>4</sup> 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): SW 420

Proposal Contact Person Name:

Karen Badger

Phone: 7-2350

Email:

karen.badger@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 Pe	erson (name/phone/email)	Signature
Curriculum Committee	1/19/11	Michele Tindall	/7-2483/mstindall@ UKY-edu	Medindall
Faculty	1/24/11	James ike adams	/7-6654/ 5.p.adams Q UKY, edu	Alle
Dean	1/25/11	James ike adams	17-66541 j.p. adams Q UKY, ed	THE'S
	nugamina and the second and the seco		1 1	U U
A COLUMN CONTRACTOR CO		A	/ /	

**External-to-College Approvals:** 

Council	Date Approved	Signature	Approval of Revision <sup>5</sup>
Undergraduate Council	2/1/2011		
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

Comments:	
	The second section of the second section of the second sec
	A LATE OF A STATE OF THE STATE

<sup>&</sup>lt;sup>5</sup> Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.