DROP COURSE FORM

1. General Information.

a. Submitted by the College of: <u>Social Work</u>   Today's Date: <u>10/4/10</u>

b. Department/Division: <u>Social Work</u>

c. Contact Person Name: <u>Janet Ford</u>   Email: <u>jpford01@uky.edu</u>   Phone: <u>7-6660</u>

2. Course Information.

a. Course Prefix and Number: <u>SW 620</u>

b. Course Title: <u>Human Behavior and the Social Environment</u>

c. Credit Hours: <u>3</u>

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? <u>The program is changing and this course material will be covered in other courses</u>

6. Will dropping this course change the requirements[4] for any program?   YES ☒   NO ☐

   If YES[4], list the program(s) here: <u>MSW program</u>

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):   SW 620

Proposal Contact Person Name: Janet Ford   Phone: 7-6660   Email: jpford01@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
College of Social Work Curriculum Committee	3/22/10	Michele Tindall, Chair / 7-2483 / cmstat00@uky.edu	*(signature)* 10/4/10
College of Social Work Faculty	4/19/10	James Adams, Dean / 7-6654 / j.p.adams@uky.edu	*(signature)* 10/4/10
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		/ /	
		/ /	

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:

_____

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

Rev 8/09