

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 700</u>		
b.	Course Title: <u>Adult Assessment and Intervention</u>		
c.	Credit Hours: <u>3</u>		
3. Effective Date¹ of Drop: <input type="checkbox"/> Semester Following Approval OR <input checked="" type="checkbox"/> Specific Term ² : <u>Spring 2013</u>			
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 program is changing and this material will be covered in a new course</u>			
6. Will dropping this course change the requirements⁴ for any program? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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 <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): SW 700

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	<i>M. Tindall</i> 10.4.10
College of Social Work Faculty	4/19/10	James Adams, Dean / 7-6654 / j.p.adams@uky.edu	<i>James Adams</i> 10/4/10
		/ /	
		/ /	
		/ /	

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.