

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 704</u>		
b.	Course Title: <u>Child Assessment and Treatment</u>		
c.	Credit Hours: <u>3</u>		
3.	Effective Date ¹ 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 requirements ⁴ 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 704

Proposal Contact Person Name: Janet Ford

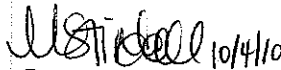
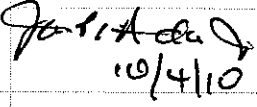
Phone: 7-6660

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	 10/4/10
College of Social Work Faculty	4/19/10	James Adams, Dean / 7-6654 / j.p.adams@uky.edu	 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.