# **DROP COURSE FORM**

| General Information.  |   |  |   | Service Control of the Control of th |  |  |
|---|---|--|---|--|--|--|
| Submitted by the College of: Social Work Today's Date: 10/4/10  |   |  |   |  |  |  |
| Department/Division: <u>Social Work</u>   |   |  |   | 713-7414   |  |  |
| Contact Person Name: Janet Ford   | Email:  | jpford01@uky.edu   | Phone:  | <u>7-6660</u>  |  |  |
| Course Information.   |   |  |   |  |  |  |
| Course Prefix and Number: SW 736  |   |  |   |  |  |  |
| Course Title: Administration and Supervision in So  | ocial Wo  | rk Practice  |   |  |  |  |
| Credit Hours: 2   |   |  |   |  |  |  |
| Effective Date <sup>1</sup> of Drop: Semester Following A   | pproval   | OR Specific To   | erm²: <u>Sp</u>   | ring 2013  |  |  |
| Is this course cross-listed?  |   |  | YI  | ES³ □ NO   | $\boxtimes$  |  |
| If YES <sup>3</sup> , what is the cross-listed course prefix and number?                                      |   |  |   |  |  |  |
| If YES <sup>3</sup> , should the cross-listed course(s) also be drop  | ped³?   |  | Yŧ  | S³ NO  |  |  |
| Explain, if necessary:  |   |  |   |  |  |  |
| 5. Why is the course being dropped? The program is changing and this material will be covered in a new course |   |  |   |  |  |  |
| Will dropping this course change the requirements <sup>4</sup>  | for any   | program?   | YE  | s 🛛 NO   |  |  |
| If YES <sup>4</sup> , list the program(s) here: MSW program   |   |  |   |  |  |  |
| Has the course been taken by a significant number o   | of studer   | nts in other colleges/de   | pts? YE   | S NO   | $\boxtimes$  |  |
| If YES, list the colleges/departments:  |   |  |   |  |  |  |
| If YES, what provision has been made for meeting the  | needs o   | of these students?   |   |  |  |  |
| Is this course currently included in the University Stu   | ıdies Pro   | ogram?   | YE  | s 🔲 NO   |  |  |
|   | Department/Division: Social Work  Contact Person Name: Janet Ford  Course Information.  Course Prefix and Number: SW 736  Course Title: Administration and Supervision in Social Hours: 2  Effective Date¹ of Drop: Semester Following A Is this course cross-listed?  If YES³, what is the cross-listed course prefix and num If YES³, should the cross-listed course(s) also be drop Explain, if necessary:  Why is the course being dropped? The program is Will dropping this course change the requirements⁴  If YES⁴, list the program(s) here: MSW program  Has the course been taken by a significant number of YES, list the colleges/departments:  If YES, what provision has been made for meeting the | Department/Division: Social Work  Contact Person Name: Janet Ford Email:  Course Information.  Course Prefix and Number: SW 736  Course Title: Administration and Supervision in Social Wood Credit Hours: 2  Effective Date of Drop: Semester Following Approval Is this course cross-listed?  If YES3, what is the cross-listed course prefix and number? If YES3, should the cross-listed course(s) also be dropped3?  Explain, if necessary: Why is the course being dropped? The program is changing Will dropping this course change the requirements for any If YES4, list the program(s) here: MSW program  Has the course been taken by a significant number of studer If YES, list the colleges/departments: If YES, what provision has been made for meeting the needs of the course of the requirements of the needs of the YES, what provision has been made for meeting the needs of the requirements of the needs of the YES, what provision has been made for meeting the needs of the requirements of the needs of the YES, what provision has been made for meeting the needs of the requirements of the requirement of the require | Department/Division: Social Work  Contact Person Name: Janet Ford Email: jpford01@uky.edu  Course Information.  Course Prefix and Number: SW 736  Course Title: Administration and Supervision in Social Work Practice  Credit Hours: 2  Effective Date¹ of Drop: Semester Following Approval OR Specific Tollowing Semester Following Semester F | Department/Division: Social Work  Contact Person Name: Janet Ford Email: jpford01@uky.edu Phone:  Course Information.  Course Prefix and Number: SW 736  Course Title: Administration and Supervision in Social Work Practice  Credit Hours: 2  Effective Date of Drop: Semester Following Approval OR Specific Term Sp Is this course cross-listed? YI If YES3, what is the cross-listed course prefix and number? If YES3, should the cross-listed course(s) also be dropped YI YI If YES3, should the cross-listed course (s) also be dropped YI If YES3, what is the course being dropped? The program is changing and this material will be covered Will dropping this course change the requirements for any program? YI If YES4, list the program(s) here: MSW program  Has the course been taken by a significant number of students in other colleges/depts? YI If YES, what provision has been made for meeting the needs of these students?   | Department/Division: Social Work  Contact Person Name: Janet Ford   Email: jpford01@uky.edu   Phone: 7-6660    Course Information.  Course Prefix and Number: SW 736    Course Title: Administration and Supervision in Social Work Practice  Credit Hours: 2  Effective Date¹ of Drop: Semester Following Approval   OR   Specific Term²: Spring 2013    Is this course cross-listed?   YES³   NO    If YES³, what is the cross-listed course prefix and number?    If YES³, should the cross-listed course(s) also be dropped³?   YES³   NO    Explain, if necessary:    Why is the course being dropped? The program is changing and this material will be covered in a new course will dropping this course change the requirements⁴ for any program?   YES   NO    If YES⁴, list the program(s) here: MSW program  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? |  |

<sup>&</sup>lt;sup>1</sup> 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. <sup>2</sup> Effective dates are typically the semester following approval. No course will be made effective until all approvals are received.
<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 736

Proposal Contact Person Name:

Janet Ford

Phone: <u>7-6660</u>

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 /<br>cmstat00@uky.edu | USTWdall 10.4. |  |  |
| College of Social Work<br>Faculty           | 4/19/10 | James Adams, Dean / 7-6654 /<br>j.p.adams@uky.edu     | Ja Haling      |  |  |
|   |         | 1 1   |                |  |  |
|   |         | / /   |                |  |  |
|   |         | / /   |                |  |  |

**External-to-College Approvals:** 

| Council                      | Date Approved | Signature                  | Approval of<br>Revision <sup>5</sup> |
|------------------------------|---------------|----------------------------|--------------------------------------|
| Undergraduate Council        |               |                            |                                      |
| Graduate Council             |               |                            |                                      |
| Health Care Colleges Council |               |                            |                                      |
| Senate Council Approval      |               | University Senate Approval |                                      |

| Comments: |      |      |      |  |
|-----------|------|------|------|--|
|           | <br> | <br> | <br> |  |
| i         | <br> | <br> | <br> |  |

<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.