DROP COURSE FORM

1.	**General Information.**			
a.	Submitted by the College of: Social Work		Today's Date: 10/4/10	
b.	Department/Division: Social Work			
c.	Contact Person Name: Janet Ford	Email: jpford01@uky.edu	Phone: 7-6660	

2.	**Course Information.**
a.	Course Prefix and Number: SW 736
b.	Course Title: Administration and Supervision in Social Work Practice
c.	Credit Hours: 2

3.	**Effective Date[1] of Drop:** ☐ Semester Following Approval OR ☒ Specific Term[2]: Spring 2013

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?**	The program is changing and this material will be covered in a new course

6.	**Will dropping this course change the requirements[4] for any program?**	YES ☒	NO ☐
	If YES[4], list the program(s) here: MSW program		

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.

Rev 8/09

DROP COURSE FORM

Signature Routing Log

General Information:

Course to be Dropped (prefix and number):   SW 736

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

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