UNIVERSITY OF KENTUCKY
APPLICATION TO DROP A COURSE

1. Submitted by College of   Fine Arts   Date   January 15, 2007

   Department/Division offering course   Theatre

2. Prefix and Number   TA 272   Title   Drafting for the Theatre   Credits   3

3. Effective Date   Fall 2007   (semester & year)

4. Why is the course to be dropped?

   The Content no longer warrants a full 3 credit hour course and future drafting content will be covered in other courses.

   (Namely TA 360 Graphics for Theatre)

5. Will dropping this course change the degree requirements in one or more programs?   X Yes   ☐ No
   If yes, explain the change(s) below. (NOTE – If "yes," a program change must be submitted.)

   Under the current B.A. in Theatre Degree, the course is required, but in the B.A. Theatre Degree (proposed Spring 2007) the content of the course will be covered in other courses and is no longer required.

6. Has the course been taken by a significant number of students in other departments/colleges?   ☐ Yes   X No

   a.   If yes, list the college(s) or department(s) from which student enrollment in this course has come, if known.

   b.   What provision has been made for meeting the needs of these students?

7. Is this course in current use in any of the Community Colleges?   ☐ Yes   X No
   If so, please submit evidence (e.g., correspondence) that the Community College System has been consulted.

8. Is this course currently included in the University Studies Program?   ☐ Yes   X No

9. Within the Department, who should be contacted for further information about this proposal?

   Tony Hardin   7-9250
   _____   _____
                Name   Phone Extension

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Signatures of Approval:

_____   ____10_/_1_/_2006_____
               Department Chair   Date

_____   ____3/2/07_____
               Dean of the College   Date

_____   Date of Notice to the Faculty
               *Undergraduate Council   _3-20-07_____
                                                                   Date

_____   _____
               *University Studies   Date

_____   _____
               *Graduate Council   Date

_____   _____
          Academic Council for the Medical Center   Date

_____   _____
               Senate Council   Date of Notice to University Senate

*If applicable, as provided by the Rules of the University Senate

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                        ACTION OTHER THAN APPROVAL