APPLICATION TO DROP A COURSE

1. General Information.
   a. Submitted by the College of: **Medicine**
   b. Department/Division: **Behavioral Science**
   c. Contact Person Name: **Phyllis Nash**
   d. Email: **PNash@email.uky.edu**
   e. Phone: **7-3513**
   f. Today's Date: **12-20-09**

2. Course Information.
   a. Course Prefix and Number: **BSC607**
   b. Course Title: **Food Related Behaviors**
   c. Credit Hours: **3**

3. Effective Date of Drop: **☒ Semester Following Approval** OR **☐ Specific Term**

4. Is this course cross-listed? **☒**
   If YES, what is the cross-listed course prefix and number? **NFS607**
   If YES, should the cross-listed course(s) also be dropped? **☐**
   Explain, if necessary: The Nutrition and Food Science program was asked through DGS Sunny Ham on 12/22/09 whether the faculty wished to retain the course. They answered affirmatively.

5. Why is the course being dropped? **This course is not core to the current program of the Department of Behavioral Science, its students or faculty.**

6. Will dropping this course change the requirements for any program? **☐**
   If YES, list the program(s) here:

7. Has the course been taken by a significant number of students in other colleges/depts? **☐**
   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? **☐**

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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.
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Signature Routing Log

**General Information:**

Course to be Dropped (prefix and number): BSC607

Proposal Contact Person Name: Phyllis Nash    Phone: 7-3513    Email: PNash@email.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:**

<table>
<thead>
<tr>
<th>Reviewing Group</th>
<th>Date Approved</th>
<th>Contact Person (name/phone/email)</th>
<th>Signature</th>
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</thead>
<tbody>
<tr>
<td>Department of Behavioral Science</td>
<td>2/22/10</td>
<td>Carl Leukfeld 3/5308 <a href="mailto:cleukel@uky.edu">cleukel@uky.edu</a></td>
<td></td>
</tr>
<tr>
<td>COM Curriculum Committee</td>
<td></td>
<td>C.Darrell Jennings 7-5286 <a href="mailto:cdjenn@uky.edu">cdjenn@uky.edu</a></td>
<td></td>
</tr>
<tr>
<td>COM Faculty Council</td>
<td>3/17/10</td>
<td>Martha Peterson 7-5478 <a href="mailto:mlpete01@uky.edu">mlpete01@uky.edu</a></td>
<td></td>
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<tr>
<td>COM Dean</td>
<td></td>
<td>Jay Perman 3-6582 <a href="mailto:japerm2@uky.edu">japerm2@uky.edu</a></td>
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<tr>
<td>HCCC</td>
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**External-to-College Approvals:**

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<thead>
<tr>
<th>Council</th>
<th>Date Approved</th>
<th>Signature</th>
<th>Approval of Revision</th>
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<tbody>
<tr>
<td>Undergraduate Council</td>
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<tr>
<td>Graduate Council</td>
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<td>Health Care Colleges Council</td>
<td>4/20/10</td>
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<td>Senate Council Approval</td>
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Comments:

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* Councils use this space to indicate approval of revisions made subsequent to that council’s approval, if deemed necessary by the revising council.