APPLICATION TO DROP A COURSE

1. Submitted by College of College of Education Date 12/13/01

   Department/Division offering course Kinesiology and Health Promotion

2. Prefix and Number KHP 694 Title Indep. Study in Health Education Credits 1-3

3. Effective Date Spring 2002 (semester & year)

4. Why is the course to be dropped?
   We are updating the names of the courses to coincide with the department name.
   We are also combining Independent Studies into one Prefix and Number to simplify the requirements for students.

5. Will dropping this course change the degree requirements in one or more programs?*
   Yes No
   If yes, explain the change(s) below

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

9. Within the Department, who should be contacted for further information about this proposal?
   Dr. J.W. Yates
   Name 7-5879
   Phone Extension

*NOTE: Approval to drop the course will constitute approval of the program change unless additional modifications are proposed.
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Signatures of Approval:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>John Hall, Department Chair</td>
<td>2-28-02</td>
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<tr>
<td>Robert Shapiro, Dean of the College</td>
<td>4-10-02</td>
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<td>4-9-02</td>
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*Undergraduate Council

*University Studies

*Graduate Council

Academic Council for the Medical Center

Senate Council

Date of Notice to University Senate

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

ACTION OTHER THAN APPROVAL

Rev 11/98