

Cover Sheet: Request 10035

Change 20 courses from graded to S/U

Info

Process	Course Modify Ugrad/Pro
Status	Pending
Submitter	Abare,Censeri P cabare@dental.ufl.edu
Created	2/13/2015 9:36:09 AM
Updated	2/16/2015 9:43:49 AM
Description	List of courses attached to generic UCC2 form.

Actions

Step	Status	Group	User	Comment	Updated
Department	Approved	DEN - Community Dentistry and Behavioral Sciences 313404000	Catalanotto, Frank Alfred		2/13/2015
College	Approved	DEN - College of Dentistry	Sposetti, Venita J		2/16/2015
University Curriculum Committee	Pending	PV - University Curriculum Committee (UCC)			2/16/2015
Statewide Course Numbering System					
Office of the Registrar					
Student Academic Support System					
Catalog					
College Notified					

UCC2: Change Course Transmittal Form

Current SCNS Course Identification

1. Prefix DEN 2. Level Select 3. Number XXX 4. Lab Code Select
5. Course Title See attached for list

Requested Action

6. Effective Term Summer 7. Effective Year 2015
8. Action: Terminate Course ☐ Other ☒
(Skip to item 24 on this form.) (Indicate all changes below.)

If you select “yes” to change any item below, complete the corresponding “current” and “proposed” fields.

Item	Change?	Current	Proposed
9. Course Prefix	Yes <input type="checkbox"/>	XXX	XXX
10. Course Level	Yes <input type="checkbox"/>	Select	Select
11. Course Number	Yes <input type="checkbox"/>	XXX	XXX
12. Lab Code*	Yes <input type="checkbox"/>	Select	Select
13. Course Title	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
14. Transcript Title (21 characters max)	Yes <input type="checkbox"/>	Click here to enter transcript title.	Click here to enter transcript title.
15. Credit Hours*	Yes <input type="checkbox"/>	Select	Select
16. Variable Credit*	Yes <input type="checkbox"/>	Min # and max # credits per semester	Min # and max # credits per semester
17. S/U Only	Yes <input checked="" type="checkbox"/>	Graded	S/U
18. Contact Type*	Yes <input type="checkbox"/>	Select Contact Type	Select Contact Type
19. Rotating Topic	Yes <input type="checkbox"/>	Select	Select
20. Repeatable Credit*	Yes <input type="checkbox"/>	Select	Select
21. Course Description* (50 words or fewer.)	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
22. Prerequisites	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
23. Co-requisites	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.

* If the request is for a change in lab code, credit hours, contact type or course description, a syllabus must be attached and the syllabus checklist on the next page of this form must be completed.

24. Rationale and Placement in Curriculum

Request is in response to comments from the Commission on Dental Accreditation during the program's reaccreditation site visit. They advised that since this is a graduate program the student evaluation was more appropriate as pass/fail (S/U).

Dentistry **List of courses for change from graded to S/U**

DEN7520C	Operative Dentistry 1
DEN7521C	Operative Dentistry 2
DEN7524C	Clinic Protocol
DEN7526C	Periodontology 1/Phase 1 Therapy
DEN7529	Oral & Maxillofacial Surgery 1 and Anxiety, Sedation and Pain Control
DEN7530C	Basic Principles of Occlusion
DEN7531C	Fixed Prosthodontics
DEN7541L	Clinic Performance 1
DEN7542L	Clinic Performance 2
DEN7556C	Principles of Endodontics 1
DEN7557C	Principles of Endodontics 2
DEN7559C	Periodontology 2
DEN7560C	Implant Dentistry 1
DEN7561	Implant Dentistry 2
DEN7565	Oral & Maxillofacial Surgery 2/Emergency Care
DEN8573C	Advanced Topics in Periodontology 1
DEN8574C	Advanced Topics in Periodontology 2
DEN8580C	Advanced Topics in Oral & Maxillofacial Surgery 1
DEN8581C	Advanced Topics in Oral & Maxillofacial Surgery 2