

Cover Sheet: Request 8508

DEN6015 Professionalism in Patient Care and Practice Management

Info

Process	Professional Courses
Status	Pending
Submitter	Abare,Censeri P cabare@dental.ufl.edu
Created	5/21/2013 10:18:36 AM
Updated	4/6/2016 4:21:23 PM
Description	Change from graded to pass/fail

Actions

Step	Status	Group	User	Comment	Updated
Department	Approved	DEN - Operative Dentistry 313405000	Dilbone, Deborah Ann		5/1/2014
Added DEN6015.pdf					5/21/2013
College	Approved	DEN - College of Dentistry	Sposetti, Venita J		4/6/2016
No document changes					
University Curriculum Committee	Pending	PV - University Curriculum Committee (UCC)			4/6/2016
No document changes					
SCNS Approval					
No document changes					

UCC2: Course Change Transmittal Form

Department Name and Number _____	
Current SCNS Course Identification	
Prefix ___ ___ ___ Level ___ Course Number ___ ___ ___ Lab Code ___	Course Title _____
Effective Term and Year _____	Terminate Current Course <input type="checkbox"/> Other Changes (specify below) <input type="checkbox"/>

Change Course Identification to:	
Prefix ___ ___ ___ Level ___ Course Number ___ ___ ___ Lab Code ___	Full Course Title _____
Transcript Title (please limit to 21 characters) _____	

Credit Hours: From ___ To ___	Contact Hours: <input type="checkbox"/> Base or <input type="checkbox"/> Headcount From ___ To ___
Rotating Topic: From <input type="checkbox"/> yes <input type="checkbox"/> no To <input type="checkbox"/> yes <input type="checkbox"/> no	S/U Only: From <input type="checkbox"/> yes <input type="checkbox"/> no To <input type="checkbox"/> yes <input type="checkbox"/> no
Variable Credit: From <input type="checkbox"/> yes <input type="checkbox"/> no To <input type="checkbox"/> yes <input type="checkbox"/> no If yes, ___ minimum and ___ maximum credits/semester	Repeatable Credit: From <input type="checkbox"/> yes <input type="checkbox"/> no To <input type="checkbox"/> yes <input type="checkbox"/> no If yes, _____ total repeatable credit allowed

Prerequisites	Co-requisites
From To	From To

Course Description (50 words or less; if requesting a change, please attach a syllabus)	
From	To

Rationale /Place in Curriculum/Impact on Program
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Department Contact	Name	Phone	Email
College Contact	Name	Phone	Email