New Course Request

Check Appropriate Boxes: Undergraduate credit [ ] Graduate credit [x] Professional credit [ ]

1. School/Division: DENTAL HYG
2. Academic Subject Code: DHYG
3. Course Number: 4344 (must be cleared with University Enrollment Services)
4. Instructor: Schaefer
5. Course Title: SENIOR HYGIENE SEMINAR

Recommended Abbreviation (Optional) ________________________________ (Limited to 32 Characters including spaces)

6. First time this course is to be offered (Semester/Year): FALL 2002
7. Credit Hours: Fixed at ______ or Variable from ______ to ______
8. Is this course to be graded S/F (only)? Yes [x] No ______
9. Is variable title approval being requested? Yes [x] No ______
10. Course description (not to exceed 50 words) for Bulletin publication:

________________________________________________________________________________________________________________________________________

11. Lecture Contact Hours: Fixed at ______ or Variable from ______ to ______

12. Non-Lecture Contact Hours: Fixed at ______ or Variable from ______ to ______

13. Estimated enrollment: ______ of which ______ percent are expected to be graduate students.

14. Frequency of scheduling: ______ Will this course be required for majors? ______

15. Justification for new course: ________________________________

16. Are the necessary reading materials currently available in the appropriate library? ______

17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other materials.

18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is necessary, desirable, or unimportant.

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of the new course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by: __________________________________________________________________________
Department Chairman/Division Director ________________________________ Date 8/23/02

Approved by: __________________________________________________________________________
Dean ________________________________ Date 8/23/02

Dean of Graduate School (when required) ________________________________ Date ____________

Chancellor/Vice-President ________________________________ Date 10/16/02

University Enrollment Services ________________________________ Date ____________

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.

UP 724 University Enrollment Services Final—White; Chancellor/Vice-President—Blue; School/Division—Yellow; Department/Division—Pink; University Enrollment Services Advance—White