APPLICATION FOR NEW COURSE

1. Submitted by College of ___________________________ Date ____________
   Dentistry                                09/18/01

2. Proposed designation and Bulletin description of this course
   a. Prefix and Number OPF-748
   b. Title* Master's Thesis Research

   *NOTE: If the title is longer than 24 characters (including spaces), write
   A sensible title (not exceeding 24 characters) for use on transcripts

3. Department/Division offering course ___________________________
   Oral Health Science/Division of Orofacial Pain

4. Lecture/Discussion hours per week
   ____________________________

5. Laboratory hours per week
   ____________________________

6. Studio hours per week
   ____________________________

7. Credits
   ____________________________

8. Course description
   Half-time to full-time work on thesis. May be requested to a maximum of 6
   semesters. Prereq: All course work toward the degree must be completed.

9. Prerequisites (if any)
   All course work toward the degree must be completed.

10. Course to be offered
    
    a. Fall
    b. Spring
    c. Summer

11. Will the course be offered each year?
    Yes

12. Why is this course needed?
    Adding so that Orofacial Pain Master's Degree students can continue to be enrolled
    in the Graduate School while completing their research and thesis work.

13. By whom will the course be taught?
    N/A-Students completing their research and thesis work.

14. Are facilities for teaching the course now available?
    Yes

Signature, Chairman, cross-listing department

N/A

Spring 2002 (semester and year)

Yes

Yes

No
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10. What enrollment may be reasonably anticipated? 2 to 3 Master's Degree Students per year

11. Will this course serve students in the Department primarily?  Yes  No
   Will it be of service to a significant number of students outside the Department?  Yes  No
   If so, explain.

12. Check the category most applicable to this course
   □ traditional; offered in corresponding departments elsewhere;
   □ relatively new, now being widely established
   □ not yet to be found in many (or any) other universities
   ✗ traditional; offered in corresponding departments elsewhere;
   [Our Perio and Ortho Graduate Programs already have PER-748 & ORT-748 in place.]

13. Is this course part of a proposed new program?
   If yes, which?  Yes  No

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

15. Attach a list of the major teaching objectives of the proposed course and outline and/or reference list to be used.

16. If the course is a 100-200 level course, please submit evidence (e.g., correspondence) that the Community College System has been consulted.

17. Within the Department, who should be contacted for further information about the proposed course?
   Name  Dr. Jeffrey P. Okeson, OPP Program Director  Phone Extension  3-5500

*NOTE: Approval of this course will constitute approval of the program change unless other program modifications are proposed.
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Signatures of Approval:

Department Head

Dean of the College

Date

Date of Notice to the Faculty

*Undergraduate Council

*University Studies

*Graduate Council

*Academic Council for the Medical Center

*Senate Council (Chair)

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

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date of Notice to University Senate

ACTION OTHER THAN APPROVAL

Rev 11/98