APPLICATION FOR NEW COURSE

1. Submitted by College of Dentistry Date 09/18/01
   Department/Division offering course Oral Health Science/Division of Orofacial Pain

2. Proposed designation and Bulletin description of this course
   a. Prefix and Number OPP-768
   b. Title* Resident's Credit for Master's Degree
      *NOTE: If the title is longer than 24 characters (including spaces), write
      A sensible title (not exceeding 24 characters) for use on transcripts
      Res Credit Master's Deg
   c. Lecture/Discussion hours per week
   d. Laboratory hours per week
   e. Studio hours per week
   f. Credits 1-6
   g. Course description
      May be repeated for a total of 12 hours. Prereq: Admission to the Orofacial
      Pain graduate program and consent of the Director of Graduate Studies.
   h. Prerequisites (if any)
      Admission to the Orofacial Pain graduate program and consent of the Director
      of Graduate Studies.
   i. May be repeated to a maximum of May be repeated for a total of 12 hours (if applicable)

4. To be cross-listed as N/A
   Prefix and Number
   Signature, Chairman, cross-listing department

5. Effective Date Spring 2002 (semester and year)

6. Course to be offered ☑ Fall ☑ Spring ☐ Summer

7. Will the course be offered each year? ☑ Yes ☐ No
   (Explain if not annually)

8. Why is this course needed?
   Adding so that Orofacial Pain Master's Degree students can receive credit hrs for
   their efforts in developing their independent research and thesis projects.

9. a. By whom will the course be taught? Dr. Okeson, Course Dir, taught by faculty in division
   b. Are facilities for teaching the course now available?
      If not, what plans have been made for providing them? ☑ Yes ☐ No
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. Will the course serve as a University Studies Program course?  
   Yes [☐]  No [☑]
   If yes, under what Area? ____________________________

13. Check the category most applicable to this course
   ☑ traditional; offered in corresponding departments elsewhere; Our Perio and Ortho Graduate Programs already have PER-768 & ORT-768 in place.
   ☐ relatively new, now being widely established
   ☐ not yet to be found in many (or any) other universities

14. Is this course part of a proposed new program?  
   Yes [☑]  No [☐]
   If yes, which?

15. Will adding this course change the degree requirements in one or more programs?  
   Yes [☑]  No [☐]
   If yes, explain the change(s) below ____________________________

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

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 Chair

Dean of the College

*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 of Notice to the Faculty

Date

Date

Date

Date

Date

Date

Date of Notice to University Senate

ACTION OTHER THAN APPROVAL