Course Change Form

Date of Request: April 27, 2009
Page 1 of 1

Course Deletion

Originator: Karmen Aplanalp
Department: Dental Hygiene
Replacement Course ID: DHYG 3555
Prefix & Num: DHYG 3560

1. Course Title: Community Dental Hygiene II
   Pre-requisite(s): None
   Co-requisite(s): None
   Instructor permission required: Yes
   Credits: 1.00
   *LEC: 1.00  *LBC w/cr: 0.00  *LNC w/no cr: 0.00
   Clinical: 0.00  Practicum: 0.00  Independent Study: 0.00

2. Class Hours/Week:
   Fall, 2009
   Day ☐  Extended Day ☐
   Grade type: Regular
   Lab Fee: 0
   Additional Fees: $0.00
   Potential WLF: 0.00

3. Semester to be Implemented: Fall, 2009
   Day ☐  Extended Day ☐
   Grade type: Regular

4. Cost Code:
   Lab Fee: 0
   Additional Fees: $0.00
   Potential WLF: 0.00

5. Is this course designed for a specific group? Yes
   Who? Second year dental hygiene students

6. Catalog Description: ☑ Now in Print, or ☐ Proposed Below:

7. Course justification (attach sheets if needed):
   This course is being replaced by DHYG 3555, Expanded Functions Clinic II

8. Are library resources adequate to support this change? Yes
   If not, how are those resources to be acquired?

9. Are technical and other resources available? Yes
   If not, how are those resources to be acquired?

10. Relationship to the curriculum: Would the course fill a G.E. requirement? No
    If yes, which G.E. area? If it does not fill a G.E. requirement, would the course offer elective credit? Yes

11. Transferability of the course: List comparable courses at other colleges and universities:

<table>
<thead>
<tr>
<th>G.E.</th>
<th>Elective</th>
<th>Course Title</th>
<th>Credits</th>
<th>Prefix &amp; Num</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>None...</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>None...</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>None...</td>
</tr>
</tbody>
</table>

Approval Signatures:

Department Chair: [Signature]
Date: 4/27/09

Associate Dean/Dean: [Signature]
Date: 4/27/09

Curriculum Chair: 
Date:

Academic VP: 
Date: