APPLICATION FOR NEW COURSE

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

Department/Division offering course: Oral Health Science/Div. Of Orofacial Pain

2. Proposed designation and Bulletin description of this course

a. Prefix and Number OFP 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 for 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.

3. To be cross-listed as (prefix and number): N/A  

   Signature, Chairman, cross-listing department

4. Effective date (semester and year) Spring 2002

5. Course to be offered (fall, spring, summer): Fall, Spring

6. Will the course be offered each year? (Explain if not annually.) Yes

7. Why is this course needed?

   Adding so that Orofacial Pain Master’s Degree students can receive credit hours for their efforts in developing their independent research and thesis projects.

8. a. By whom will the course be taught?

   Dr. Okeson, Course Director; 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
9. What enrollment may be reasonably anticipated?  
   2 to 3 Master's Degree students per year

10. Will this course serve students in the Department primarily?  Yes
    Will it be of service to a significant number of students outside the Department?  If so, explain.  No
    Will the course serve as a University Studies Program course?  No
    If yes, under what area?

11. Check the category most applicable to this course:
    ___ X ___ Traditional; offered in corresponding departments elsewhere  Our Perio and Ortho graduate
    programs already have PER 768 and ORT 768 in place.
    _____ Relatively new, now being widely established
    _____ Not yet to be found in many (or any) other universities

12. Is this course part of a proposed new program (if yes, which)?  No

13. Will adding this course change the degree requirements in one or more programs?* (If yes, explain the
    change(s) below.) *NOTE: Approval of this course will constitute approval of the program change unless
    other program modifications are proposed.  No

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

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

16. Within the Department, who should be contacted for further information about the proposed course?
    (List name and phone extension.)

    Dr. Jeffrey P. Okeson, OFP Program Director, 323-5500