**INTERIM APPROVAL**

**Course Change Request**

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<tr>
<th>Check Appropriate Boxes:</th>
<th>Undergraduate credit □</th>
<th>Graduate credit □</th>
<th>Professional credit □</th>
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</thead>
</table>

1. School/Division: Dental
2. Academic Subject Code: DENT-R
3. Current Course Number: 851
4. Current Credit Hours: 2.0
5. Current Title: Light Parenteral Conscious Sedation
6. Effective Semester/Year for changes listed below: Fall 2009
7. Instructor: Dr. Mark Saxen

**Type of Change Requested**

- Change course number to: .............................................................. (must be cleared with University Registrar)
- Change course title: ................................................................. Light Parenteral Conscious Sedation
  Change to: .................................................................................. Advanced Minimal and Moderate Sedation
  Recommended abbreviation (optional) ...........................................

(Limited to 32 Characters including spaces)

- Current credit hours fixed at: ....................................................... or variable from: ...................................................... to ......................................................
  Change to credit hours fixed at: ................................................... or variable from: ...................................................... to ......................................................

- Current lecture contact hours fixed at: .......................................... or variable from: ...................................................... to ......................................................
  Change to lecture contact hours fixed at: ...................................... or variable from: ...................................................... to ......................................................

- Current non-lecture contact hours fixed at: ................................... or variable from: ...................................................... to ......................................................
  Change to non-lecture contact hours fixed at: ............................... or variable from: ...................................................... to ......................................................

- Is this course currently graded with S-F (only) grades? Yes □ No □
  Change to S-F (only) grading? Yes □ No □

- Is variable title approval being requested? Yes □ No □

- Is this course being discontinued? For all campuses □ or for this campus only □

16. Current course description

<table>
<thead>
<tr>
<th>Change course description to (not to exceed 50 words)</th>
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17. Justification for change:
   Outdated terminology. New title distinguishes it as the course that meets the revised ADA Guidelines.

(Use additional paper if necessary)

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

19. A copy of every course change proposal must be submitted to departments, schools, or divisions in which there may be overlap of this 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: ................................................................. Date 5/24/09

Department Chairman/Division Director

Dean of Graduate School (when required)

Approved by: ................................................................. Date 5/28/09

Dean

Chancellor/Vice-President

University Registrar

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

Re-order B 81 62030 from Central Stores

Revised March, 1977