

New Course Request

Indiana University

IUPUI

Campus

Check Appropriate Boxes: Undergraduate credit  Graduate credit  Professional credit

1. School/Division Dentistry 2. Academic Subject Code DENT-R

3. Course Number 965 (must be cleared with University Enrollment Services) 4. Instructor John Levon

5. Course Title Advanced Clinical Prosthodontics

Recommended Abbreviation (Optional) \_\_\_\_\_  
(Limited to 32 Characters including spaces)

6. First time this course is to be offered (Semester/Year): Fall 2010

7. Credit Hours: Fixed at \_\_\_\_\_ or Variable from .5 to 6

8. Is this course to be graded S-F (only)? Yes \_\_\_\_\_ No x

9. Is variable title approval being requested? Yes \_\_\_\_\_ No x

10. Course description (not to exceed 50 words) for Bulletin publication:  
Clinical practice of Prosthodontics involving Complete Dentures, Removable Partial Dentures & Fixed Partial Dentures, and/or Dental Implant Supported Prosthesis

11. Lecture Contact Hours: Fixed at \_\_\_\_\_ or Variable from \_\_\_\_\_ to \_\_\_\_\_

12. Non-Lecture Contact Hours: Fixed at \_\_\_\_\_ or Variable from \_\_\_\_\_ to \_\_\_\_\_

13. Estimated enrollment: 35 of which 100 percent are expected to be graduate students.

14. Frequency of scheduling: each term Will this course be required for majors? yes

15. Justification for new course: Brings curriculum in alignment w/ Accreditation Structure by combining 3 courses into 2

16. Are the necessary reading materials currently available in the appropriate library? (3) Courses into (2)

17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other materials.

18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is necessary, desirable, or unimportant.

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of the new 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:

[Signature] Date 10/29/09  
Department Chairman/Division Director

Approved by:

[Signature] Date 11/3/09  
Dean

\_\_\_\_\_  
Date \_\_\_\_\_  
Dean of Graduate School (when required)

\_\_\_\_\_  
Date \_\_\_\_\_  
Chancellor/Vice-President

\_\_\_\_\_  
Date \_\_\_\_\_  
University Enrollment Services

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