UNIVERSITY OF KENTUCKY APPLICATION FOR CHANGE IN EXISTING COURSE: MAJOR & MINOR

1.	Submitted by College of Medicine/Dentistry	Date 5/18/07
	Department/Division offering course Anatomy and Neurobiology	
2.	Changes proposed: (a) Present prefix & number ANA 538 Proposed prefix & number	per N/A
	(b) Present Title Dental Neuroanatomy	
	New Title N/A	
	(c) If course title is changed and exceeds 24 characters (Including spaces), include a secharacters) for use on transcripts: N/A	nsible title (not to exceed 24
	(d) Present credits: 1 Proposed cred	lits: 2
	(e) Current lecture: laboratory ratio 17:00:00 Proposed:	25:00:00
	(f) Effective Date of Change: (Semester & Year) Spring 2008	\ ,
3.	To be Cross-listed as: OBI 817 Prefix and Number	Signature: Department Chair
4.	Proposed change in Bulletin description: (a) Present description (including prerequisite(s): Study of human dental neuroanatomy with emphasis on functional neuroanatomy of related to cranial nerves 5, 7, 9, and 10, pain, and long tracts. Lecture 1 hr/week. A or background in biology with permission from Instructor.	of central nervous system, especially
	(b) New description: N/A	
	(c) Prerequisite(s) for course as changed: N/A	
5.	What has prompted this proposal? There is not sufficient amount of time for 1) deliverance of neuroanatomy lecture mater	al; 2) conducting
	exams and quizzes; 3) and review prior to exams, or for processing after exams. To subsexpressed both verbally and formally in course evaluations that more time is required to and more time is needed for examination processes."	cover neuroanatomy topics adequately;
6.	If there are to be significant changes in the content or teaching objectives of this course,	ndicate changes:
7.	What other departments could be affected by the proposed change? N/A	
8.	Is this course applicable to the requirements for at least one degree or certificate at the University of Kentucky?	✓ Yes ☐ No
9.	Will changing this course change the degree requirements in one or more programs?	☐ Yes ☑ No
	If yes, please attach an explanation of the change. (NOTE – If "yes," program chan also be submitted.)	ge form must
10.	. Is this course currently included in the University Studies Program?	☐ Yes ☑ No
	If yes, please attach correspondence indicating concurrence of the University Studio	es Committee.

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11.	If the course is 400G or 500 level, include syllabi or course stat students in assignments, grading criteria, and grading scales.	
12.	Is this a minor change? (NOTE: See the description on this form of what constitutes a mithe College to the Chair of the Senate Council. If the latter deems Council for normal processing.)	Yes V No nor change. Minor changes are sent directly from the Dean of the change not to be minor, it will be sent to the appropriate .
13.	Within the Department, who should be consulted for further information	mation on the proposed course change?
	Name: Dr. Diane Snow	Phone Extension: 323-2613
Sign	atures of Approval:	Ablech Moun
	Date of Approval by Department Faculty	Reported by Department Chair
	Date of Approval by College Faculty 10-2-07 *Date of Approval by Undergraduate Council	Reported by College Dean Reported by Undergraduate Council Chair
	*Date of Approval by Graduate Council	Reported by Graduate Council Chair
	*Date of Approval by Health Care Colleges Council (HCCC)	Reported by HCCC Chair
	*Date of Approval by Senate Council	Reported by Senate Council Office
	*Date of Approval by University Senate	Reported by Senate Council Office
*If a _l	pplicable, as provided by the Rules of the University Senate.	

The Minor Change route for courses is provided as a mechanism to make changes in existing courses and is limited to one or more of the following:

- a. change in number within the same hundred series;
- b. editorial change in description which does not imply change in content or emphasis;
- c. editorial change in title which does not imply change in content or emphasis;
- d. change in prerequisite which does not imply change in content or emphasis;
- e. cross-listing of courses under conditions set forth in item 3.0;
- f. correction of typographical errors. [University Senate Rules, Section III 3.1]



Office of Academic Affairs

Chandler Medical Center Room M132, College of Dentistry Lexington, KY 40536-0297 (859) 323-5656 www.uky.edu/Dentistry/

MEMORANDUM

DATE:

July 19, 2007

TO:

Heidi Anderson, Ph.D.

Associate Provost for Faculty Affairs Chair, Health Care Colleges Council

Deans, Department Chairs, Members of the University Senate

FROM:

Sharon Turner, D.D.S., J.D.

Dean, College of Dentistry

Sharon F. Fund

RE:

Course Change - ANA 538, Dental Neuroanatomy

The Curriculum Committee, acting on behalf of the Faculty Council of the College of Dentistry, has approved and submits for your consideration and approval the application for the following course:

Major Course Change

The following course is a required course:

ANA 538 - Dental Neuroanatomy

Description of Course Changes for ANA 538: This is a major course change requesting increases in contact and credit hours. This course is to be cross referenced as OBI 817.

Current Contact Hours: 17:00:00 Proposed Contact Hours: 25:00:00

Current Credit Hours: 1 Proposed Credit hours: 2

Current Course Description: Study of human dental neuroanatomy with emphasis on functional neuroanatomy of central nervous system, especially related to cranial nerves 5, 7, 9, and 10, pain, and long tracts. Lecture 1hr/week. Prerequisite: Admission to the College of Dentistry, or background in Biology with permission from instructor.

Justification: There is not sufficient amount of time for deliverance of neuroanatomy lecture material; conducting exams and guizzes; and review prior to exams, or for processing after exams. There were three essential lecture sessions that could not be worked into the current didactic hours. To substantiate, "previous students have expressed both verbally and formally in course evaluations that more time is required to cover neuroanatomy topics adequately; and more time is needed for examination processes."

The College of Medicine ANA 538 Dental Neuroanatomy course was not originally cross referenced. However, in keeping with standard coding of dental courses which do not have a College of Dentistry prefix, an OBI prefix and number under the dental area of Oral Biology have been assigned. This identifies the course as part of the College of Dentistry series of professional courses.

UNIVERSITY SENATE ROUTING LOG

Proposal Title: ANA 538-Dental Neuroanatomy

Name/email/phone for proposal contact:

Instruction: To facilitate the processing of this proposal please identify the groups or individuals reviewing the proposal, identify a contact person for each entry, provide the consequences of the review (specifically, approval, rejection, no decision and vote outcome, if any) and please attach a copy of any report or memorandum developed with comments on this proposal.

Reviewed by: (Chairs, Directors, Faculty Groups, Faculty Councils, Committees, etc)	Contact person Name (phone/email)	Consequences of Review:	Date of Proposal Review	Review Summary Attached? (yes or no)
Curriculum Committee	Darrell Jennings 7-5286 cdjenn@uky.edu	Approved	8/6/07	no
Faculty Council				
Dean, College of Medicine				
нссс	Heidi Anderson	Approved	8/21/07	no