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

1.	Submitted by College of Public Health		Date		
	Department/Division offering course Gerontology				
2.	Changes proposed: (a) Present prefix & number GRN 720	Proposed prefix & number	GRN 720		
	(b) Present Title Gerontology/Geriatric Dentistry				
	New Title Gerontology/Geriatric Dentistry				
	(c) If course title is changed and exceeds 24 characters (Including spaces), include a sensible title (not to exceed 24 characters) for use on transcripts:				
	(d) Present credits: 1	Proposed credits:	1		
	(e) Current lecture: laboratory ratio 1:0	Proposed:	1:0		
	(f) Effective Date of Change: (Semester & Year) Fa	all 2007	_		
3.	To be Cross-listed as: CDS 822				
	 (a) Present description (including prerequisite(s): This course is designed to help students gain an appreciation for the significant opportunities as well as challenges the aging population will bring to their oral health practices. This course will provide students basic knowledge and information in gerontology/geriatric dentistry. Lecture, 16 hours. May be repeated to a maximum of two credits. Prereq: Admission to the College of Dentistry or discretion of course director. (Same as CDS 822.) (b) New description: This course is designed to help students gain an appreciation for the significant opportunities as well as challenges the aging population will bring to their oral health practices. This course will provide students basic knowledge and information in gerontology/geriatric dentistry. Lecture, 16 hours. May be repeated to a maximum of two credits. Prereq: Permission of course director. (Same as CDS 822.) (c) Prerequisite(s) for course as changed: Permission of course director 				
5.	What has prompted this proposal? Need to drop admission to College of Dentistry as a prerequisite				
6.	If there are to be significant changes in the content or teaching objectives of this course, indicate changes: None				
7.	What other departments could be affected by the proposed change? none				
8.	Is this course applicable to the requirements for at least one degree or certificate at the University of Kentucky? X Yes No				
9.	Will changing this course change the degree requirements in one or more programs?* Yes X No If yes, please attach an explanation of the change.*				
10.	Is this course currently included in the University Studies Program?				
11.	If the course is a 100-200 level course, please submit evidence (e.g., correspondence) that the Community College System has been consulted.				

^{*}NOTE: Approval of this change will constitute approval of the program change unless other program modifications are proposed.

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12.	If the course is 400G or 500 level, include syllabi or course statement showing differentiation for undergraduate and gradua students in assignments, grading criteria, and grading scales. Check here if 400G-500.		
12.	Is this a minor change? (NOTE: See the description on this form of the College to the Chair of the Senate Counc Council for normal processing.)	Yes X No what constitutes a minor change. Minor changes are sent directly from the Dean of il. If the latter deems the change not to be minor, it will be sent to the appropriate	
13.	Within the Department, who should be consu	alted for further information on the proposed course change?	
	Name: John F. Watkins	Phone Extension: 7-1450, ext. 80240	
<u>Sign</u>	natures of Approval:		
	2-20-08 DATE of Approval by Department Faculty	printed name Reported by Department Chair signature	
	2-20-08	Unda A Alexanda A A A A A A A A A A A A A A A A A A A	
	DATE of Approval by College Faculty	Linda A. Alexander printed name Reported by College Bean Alexander Reported by College Bean signature Assoc Dean for Academic Affairs	
	*DATE of Approval by Undergraduate Council	printed nume Reported by Undergraduate Council Chair signature	
<u></u>	*DATE of Approval by Graduate Council	printed name Reported by Graduate Council Chair signature	
.	*DATE of Approval by Health Care Colleges Council (HCCC)	Heid Anderson / Heid Melder printed name Reported by Health Care Colleges Council Chair signature	
	*DATE of Approval by Senate Council	Reported by Office of the Senate Council	
	*DATE of Approval by the University Senate	Reported by the Office of the Senate Council	
*If a	pplicable, as provided by the University Senate 1	Rules. (<u>http://www.uky.edu/USC/New/RulesandRegulationsMain.</u> htm)	
	Excerpt from University Senate Rules:	· *********	
	SR 3.3.0.G.2: Definition. A request may criteria:	be considered a minor change if it meets one of the following	
	b. editorial change in content or emphasi c. a change in prerequire which is made necessary prerequisite(s);	uisite(s) which does not imply change in content or emphasis, or essary by the elimination or significant alteration of the course under conditions set forth in SR 3.3.0.E;	