UNDERGRADUATE COURSE DELETION PETITION

1. Course Title: Advanced Dental Materials

2. Course Description: The course provides instruction and laboratory practice in newly approved expanded dental duties. Restorative techniques are emphasized. Clinical application on actual patients is offered to advanced students.

3. Last Semester and year the course will be offered (check only one):
   - Fall
   - Spring
   - Summer I
   - Summer II
   - Summer III

Year

4. Attach rationale for the course deletion.

5. Department faculty signatures (majority required). If an interdisciplinary program, a majority of each department must sign this form. Number of Faculty in Dept(s) __________

   [Signatures]

   [Signatures]

   [Signatures]

   Department Chair

6. Sent to Chair, College Curriculum Committee: Date: 2/11/13

7. Received by Chair, College Curriculum Committee: Date: 2/11/13

   Approved [ ] Not Approved [ ]
   Signature: [Signature]
   Chair of Committee

   Date: 2/18/13

8. Sent to the Dean of the College of NHP: Date: __________

   Approved [ ] Not Approved [ ]
   Signature: [Signature]
   Dean of College

   Date: 2/25/13

9. Sent to Provost Office.
   (Original plus an electronic copy to Michele Duran at mlduran@usi.edu)

   Date: __________

10. Received in Provost Office: Date: FEB 26 2013
11. Notified Chair of Curriculum Committee: Date: __________

12. Curriculum Committee Meeting date to discuss petition: Date: __________

13. Curriculum Committee Meeting date published in USI Today: Date: __________

14. Received by Chair of Curriculum Committee: Date: __________
   Approved □ Not Approved □
   Signature: ____________________________________________ Chair of Curriculum Committee
   Date: __________

15. Sent to Provost: Date: __________

16. Received by Provost: Date: __________
   Approved □ Not Approved □
   Signature: ____________________________________________ Provost
   Date: __________

17. Notice of approval by Provost for publication in USI Today: Date: __________

18. Notified Registrar, Core Curriculum Coordinator, and Teacher Certification and Licensing Director of final approval: Date: __________
Rationale for Course Deletion

This course is no longer included in the dental hygiene curriculum. The course was part of the Dental Hygiene Associate Degree curriculum which was suspended in 2008. The curriculum was redesigned with upper level courses and additional core courses, leading to a Bachelor Degree for all program graduates, effective 2009.