

Date \_\_\_\_\_

Check one:

<input type="checkbox"/>	New Elective
<input type="checkbox"/>	Elective Renewal
<input type="checkbox"/>	Elective Modification

Course Title \_\_\_\_\_

Department \_\_\_\_\_

Course Director \_\_\_\_\_

Department Chair Approval: \_\_\_\_\_ YES \_\_\_\_\_ NO

Elective type (check all that apply):

<input type="checkbox"/>	lecture	<input type="checkbox"/>	research	<input type="checkbox"/>	intramural
<input type="checkbox"/>	laboratory	<input type="checkbox"/>	independent	<input type="checkbox"/>	extramural
<input type="checkbox"/>	clinical	<input type="checkbox"/>	Grad seminar	<input type="checkbox"/>	international

\_\_\_\_\_ Other, describe \_\_\_\_\_

Recommended Class Year: (check all that apply):

<input type="checkbox"/>	1DN	<input type="checkbox"/>	2DN	<input type="checkbox"/>	3DN	<input type="checkbox"/>	4DN
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Number of students: Maximum \_\_\_\_\_ Minimum \_\_\_\_\_

Entry level prerequisite \_\_\_\_\_

Student hours required

	Day	Evening	Weekend	Holiday/ Break Week	
Lecture/seminar					
Independent study					
Laboratory					
Clinical					
<b>HOURS</b>					<b>TOTAL HOURS</b>

Elective semester offering: \_\_\_\_\_ one time \_\_\_\_\_ recurring

Beginning date/semester \_\_\_\_\_ Completion date/semester \_\_\_\_\_

Elective Description: *(For additional space please request an ECO course be created for elective development)*

Course Goal

Outline

Methodology/Activity planned:

Evaluation mechanism / Criteria:

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*Send completed form as pdf to the Office of Education, [gmitchell@dental.ufl.edu](mailto:gmitchell@dental.ufl.edu)*

Curriculum Committee Approval date \_\_\_\_\_ Credit hours assigned \_\_\_\_\_

*The Foundation for The Gator Nation*

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