

Course Number: DEN7413 Removable Partial Prosthodontics

Course Semester: Summer 2021

Course Description: This course is a basic introduction to the principles in treating the partially edentulous patient with Removable Prosthesis. Students will 1. learn the principles of Removable Partial Denture (RPD) design, 2. the physical and biomechanical characteristics of removable partial denture component parts, 3. utilize the dental cast surveyor to establish a path of placement and removal for the RPD, 4. be introduced to the elements of clinical patient examination significant for RPD treatment and 5. critically evaluate and put all of these elements together to formulate designs for these prostheses.

I. General Information

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Course Credits: 2

Office Hours: *Thursdays 1:00 to 2:00 PM*

Contributing Faculty

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Support Staff

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Prerequisite course: DN 6460C Prosthodontic Treatment of the Edentulous Patient and **DEN 6415C** Preclinical Fixed Prosthodontics II

II. Course Goals

The goal of this course is to introduce you to removable partial denture prosthodontics and lay the foundation to allow you to formulate and utilize an evidence-based design philosophy.

In clinical patient care, prosthodontic treatment goals for partially edentulous individuals include

- (1) the elimination of disease,
- (2) the preservation of the health of the remaining oral tissues and the health and relationship of the teeth, and
- (3) the replacement of missing teeth and the restoration of function in an aesthetically pleasing manner.

This cannot be realized without a thorough diagnosis, an adequate treatment plan arranged in a logical sequence, and basic knowledge of partial denture design.

III. Course Overview

This is a preclinical course with supplementing lectures and laboratory skills exercises.

This course is designed to introduce and familiarize you with removable partial dentures at a time appropriate to your clinical and didactic activity. Learning how to design removable partial dentures is a challenging and sometimes frustrating experience. Learning how to assemble the components into a cohesive, logical design requires related knowledge and experience. Since there is rarely one "correct" design, there may be differences in what dentists might consider appropriate for a particular situation. With this in mind, we will endeavor to guide you in acquiring foundation knowledge in removable partial denture design based on fundamental concepts. You will build on this knowledge throughout the remainder of your dental education and for the rest of your professional life.

It is our hope that you will be enthusiastic, inquisitive, and collaborative. You will learn to consider removable partial dentures as an integral component of treatment plan development that will not only restore missing teeth but also allow preservation of the integrity of remaining teeth and adjacent structures. This will develop in harmony with other factors you will be taught in this period of your curriculum.

At the completion of this course, you should be able to arrive at a diagnosis, develop a well-conceived treatment plan, provide a prognosis, and apply your clinical skills for the treatment of partially edentulous patients with limited supervision. The faculty looks forward to working with you as you begin your training in the most challenging and exciting discipline of dentistry.

IV. Course Outline

1. Module 1

Surveying, Path of Insertion and Guiding Planes

In this unit of the course, you will learn: All Parts of a Dental Surveyor, how to select the Path of Insertion of a Removable Partial Denture, and how to determine the Optimal Path of Insertion. Selection and Preparation of Guiding Planes understanding the Effects of Guiding

Planes on Retention and Stability of Partial Dentures. Alteration of Other Axial Contours and Abutment Modifications in Removable Partial Denture.

2. Module 2

Rests and Rest Seats

In this unit of the course, you will learn: The different functions of the Rest Seats in RPD's, how to prepare different Rest Seats configurations. Rest Seat Forms including: Occlusal Rest Seats, Lingual Rest Seats, Composite Buildups for Cingulum Rests, Round Lingual Rest Seat Form and Incisal Rests.

3. Module 3

Major and Minor Connectors

In this unit of the course, you will learn: The Functions of all Major Connectors in RPD's, the Requirements of a Major Connector and all Types of Major Connectors.

The Mandibular Major Connectors including: The Lingual Bar and the Lingual Plate (Linguoplate). Continuous Bar Retainer (Kennedy Bar, Double Lingual Bar) and Labial Bar.

The Maxillary Major Connectors including: The Anterior-Posterior Palatal Strap, the Full Palatal Plate, the Single Palatal Strap, the Anterior Palatal Plate.

The Minor Connectors Functions and the Basic Types of Minor Connectors.

4. Module 4

Direct and Indirect Retainers

In this unit of the course, you will learn about: Extra-Coronal Direct Retainers in RPD and the Requirements of Direct Retainers. Factors affecting the magnitude of retention in RPD.

Direct Retainers for Tooth-Borne RPD's including: Circumferential (Circle or Akers) clasp, Ring clasp, Embrasure (Double Akers) Clasp, "C" clasp (Hair-pin or Reverse action)

Direct Retainers for Tooth and Tissue Borne RPD's like: Bar Clasps, the R-P-I Clasp assembly, the Combination Clasp the R-P-A Clasp, and the Distal Rest Concept.

The Rules for Direct Retainer Selection and everything about Indirect Retainers.

5. Module 5

Principles of Partial Denture Design

In this unit of the course, you will learn about: The Denture Bases, the biomechanics of Direct Retainers, the significance on the Number of Direct Retainers, the biomechanics and function of the Indirect Retainers, as well as the Major Connectors. Also, you will learn about Distal Extension Case Considerations and General Considerations in RPD's designs and Drawings.

6. Module 6

Interim RPD's

In this unit of the course, you will learn about: The Indications and Fabrication of Interim Partial Denture Design

7. Module 7

Clinical Protocols for RPD's

In this unit of the course, you will learn about: Clinical Protocols for Removable Partial Dentures starting with Diagnosis & Treatment Planning, Final Impressions for Partial Dentures, Framework Impressions, Evaluating the Impression, Removable Partial Denture Framework Fabrication, Partial Denture Framework Adjustment, Pre-clinical Inspection and Adjustment, Clinical Adjustment, Occlusal Adjustments to the Framework, Special Adjustments for Distal Extension Cases, Finishing and Polishing of Adjusted Surfaces, Maxillo-Mandibular Relations, Altered Cast Impressions and Wax Try-in Procedures.

8. Module 8

Dental Biomaterials in Removable Partial Prosthodontics

In this unit of the course, you will learn about: the different materials used to fabricate RPD's. Their advantages and disadvantages. The mechanical properties and their indications and contraindications.

V. Course Material

Required Texts:

Textbook: **Kratochvil's Fundamentals of Removable Partial Dentures, 2019**

Author(s)/Editor(s): Chang, Ting-Ling; Orellana, Daniela; Beumer, John III
Quintessence Publishing Co, Inc

ISBN: 978-0-86715-790-1

Dental Lib Guide: <http://guides.uflib.ufl.edu/dental>

Other Resources:

Course presentations, reading assignments, and handouts will be posted in Canvas. <http://lss.at.ufl.edu>

VI. Course Objectives

The faculty will encourage you to develop your understanding and logic as they relate to planning treatment of patients with removable partial dentures. The learning objectives for the course are below:

1. Introduction, RPD Components and Patient Examination

- i. Explain the biomechanical classification of removable partial dentures.
- ii. Describe the response of soft and hard tissue to loading.
- iii. Identify anatomic structures in maxilla and mandible that are best able to withstand mechanical loading.
- iv. Define the four Kennedy Classifications for partially dentate dental arches.
- v. Given various partially dentate arch configurations, classify according to class and modification.
- vi. Discuss the difference in design philosophies between distal extension and tooth-supported removable partial dentures.
- vii. Describe Class I, II, II lever systems using examples of each.
- viii. Describe the information necessary to evaluate a partially edentulous patient's physical and oral health and attitude toward dentistry.
- ix. Describe the necessity of radiographs to determine the prognosis of remaining teeth as proposed abutments for either fixed or removable partial dentures.
- x. Describe alternative treatment plans for a partially edentulous patient.
- xi. Given a partially edentulous patient, discuss the factors influencing the prognosis of the patient's treatment.

2. Mounted Diagnostic Casts

- i. Define diagnostic casts and understand the purposes for which they are used.
- ii. Define the terms record bases and occlusion rim.
- iii. State the condition of a partially dentate arch, which would require the use of a record base to mount a cast of that arch to an opposing cast.

3. The Dental Cast Surveyor - Surveying and Tripoding

- i. List the parts of a surveyor and their function.
- ii. Explain how a cast is oriented to the paralleling tool, carbon marker, or other surveying tools.
- iii. Demonstrate the uses of a surveyor.
- iv. List the parts of a surveyor and their function.
- v. Explain how a cast is oriented to the paralleling tool, carbon marker, or other surveying tools.
- vi. Demonstrate the uses of a surveyor.
- vii. Discuss the use of the surveyor in the contouring of wax patterns for cast restorations on abutment teeth.
- viii. Discuss the three stages in the fabrication of a metal-ceramic restoration when a surveyor must be used in relation to the planned removable partial denture.

4. Rests, Rest Seat Preparations, Axial Re-contouring and Guiding Planes

- i. Define stability, support and retention as it relates to removable partial dentures.
- ii. Define the term rest seat and name three types of rest seats that can be prepared in natural tooth structure.
- iii. Discuss the criteria for the following rests --- occlusal, lingual, and incisal --- and state their indications.
- iv. Define the term guiding plane.
- v. State the purposes of guiding planes.

5. Major and Minor Connectors

- i. Define the term major connector and list the characteristics of maxillary and mandibular major connectors.
- ii. List two types of mandibular major connectors and indications for each.
- iii. List three types of maxillary major connectors and indications for each.
- iv. Describe the cross-sectional (mid-sagittal) and topographical outline forms of a lingual bar major connector and lingual plate major connector.
- v. Describe the cross-sectional (mid sagittal) and topographical outline forms of three types of maxillary major connectors.
- vi. Define minor connector.
- vii. Discuss the forms and locations of minor connectors.
- viii. State three functions of minor connectors.
- ix. Given diagrams of removable partial denture frameworks, identify the minor connectors.

6. Direct and Indirect Retainers

- i. Describe the components of a clasp assembly and their individual functions. Indicate the ideal form and location of arms for different types of direct retainers.
- ii. Discuss the factors on which retention of a direct retainer is based.
- iii. Name four types of direct retainers and describe the indications and contraindications of each.
- iv. Differentiate the unique requirements of distal extensions, know which direct retainers are appropriate for these situations, and explain the mechanics of stress-release for each appropriate direct retainer.
- v. Define indirect retainer.
- vi. Analyze the vertical rotation of a distal extension away from the residual ridge in relation to an imaginary axis and indicate the best location for an indirect retainer.
- vii. List four methods for improving tooth contours to provide better retention for direct retainers.
- viii. Understand what type of tooth modification is necessary for use with different direct retainers to enhance retention.

7. Mechanical Considerations for the Removable Partial Denture

- i. Given a tooth/tissue borne RPD, list the appropriate clasp assemblies available
- ii. Given a Kennedy class I or II, describe the ideal location of the indirect retainer and the desired function
- iii. Describe the difference between a releasing clasp and a non-releasing clasp
- iv. Name the least favorable combination of rest/clasp when given as Kennedy Class I or II patient

8. Drawing on Diagnostic Casts

- i. Given a partially dentate patient, design an appropriate removable partial denture and be able to discuss the function of each component.
- ii. Describe the color codes used at UFCD when designing removable partial denture frameworks.
- iii. List the forms used for removable partial dentures and describe their purposes.
- iv. Describe the information provided to the technician on the work authorization form.
- v. List the five items required on a work authorization form.
- vi. Critique acceptability of different removable partial denture designs presented and suggest desired design modifications.

9. Digital RPD design using the Exocad software

- i. Explain the data acquisition process for RPD design
- ii. Describe the digital design process using the Exocad software
- iii. Compare the surveying process in the Exocad software with the surveying of diagnostic casts in the analog process.

- iv. Described the difference between analog and digital RPD design
- v. Explain the CAD/CAM manufacturing process for RPDs

1. Preparation of the Mouth and Forming the Master Cast

- i. List the minimum depth requirements necessary for each of the following rests: cingulum, occlusal, embrasure, incisal
- ii. List the minimum depth required for retention of a wrought wire clasp, cast circumferential clasp, I-bar, T-bar, ½ T Bar, etc.
- iii. Describe the difference between a diagnostic/design cast and the master cast
- iv. Define master cast and state its purpose.
- v. Explain the desired location of guide planes in regards to tooth structure (enamel, dentin, cementum, pulp)
- vi. Describe the ideal location of a guide plane on a tooth (incisal third, middle third, gingival third, etc)

1. Making Accurate Final Impressions

- i. List six factors the clinician can control to make accurate impressions for removable partial dentures.
- ii. Describe how stock metal impression trays can be modified to make more accurate alginate impressions.

1. The Clinical Framework Try in Appointment

- i. Describe the conditions when you would make the decision to stop adjusting a framework and make a new casting.
- ii. Discuss the procedures involved in fitting the framework to the mouth.
- iii. Discuss two reasons for the occurrence of pain around an abutment tooth during the insertion of a framework.
- iv. Describe the similarity between the try-in approaches for a framework casting and a single casting.
- v. Discuss the reason for selecting contacting teeth as reference points for checking the occlusion and why only one framework at a time is seated before checking both frameworks together for occlusion interference.
- vi. Discuss the technique of using articulating paper if interference is present but will not mark.
- vii. Discuss methods for evaluating the fit of a removable partial denture framework.
- viii. Discuss the reasons that the framework must be highly polished after all corrections.
- ix. Describe the objectives in the delivery of a RPD.
- x. Indicate the observations and corrections that must be made in relation to occlusal interferences.
- xi. Describe the different materials available for the fabrication of base-plates and advantages associated with each.
- xii. Describe the indications for verification of a jaw relation record.

- xiii. Describe the criteria for selection of a jaw relation registration material and discuss the different properties of materials available.
- xiv. Describe the relation process for anterior and posterior teeth in a partially edentulous patient.
- xv. List in sequence the procedures employed in making a cast framework for a removable partial denture from the master cast to the finished cast framework.
- xvi. Define refractory investment and refractory cast.

1. Evaluating and Sequencing Patient Treatment with Removable Partial Dentures

- i. Describe adjustment procedures for denture bases performed at the initial placement appointment.
- ii. Discuss instructions to be given to the patient at the initial placement appointment.
- iii. Discuss the frequency for "recall" of a patient with a removable partial denture and indicate the reasons for routinely seeing the patient at 24- and 48-hour intervals after the initial appointment.
- iv. Discuss the different mould forms for artificial teeth and the indications for each.
- v. Describe the different philosophies associated with occlusion and RPD's.
- vi. Describe the materials used as occlusal surfaces for posterior artificial teeth and state under what conditions each is used.
- vii. Discuss why partial denture occlusion must be made to harmonize with the existing occlusal pattern.
- viii. Describe why it is frequently necessary to modify both the cusps and the ridge lap of the artificial teeth to produce the most satisfactory position and occlusion.
- ix. Describe the indications for developing occlusion in centric relation or maximum intercuspation in a partially edentulous patient.
- x. Describe the different occlusal schemes and the indications for each.

1. Interim Removable Partial Dentures

- i. List three Indications
- ii. List three contraindications
- iii. Describe the Fabrication process of Interim Partial Denture Design
- iv. Discuss two advantages
- v. Explain two disadvantages

1. Repair and Reline

- i. Explain the concept of repairing a partial denture versus the concept of relining a partial denture.
- ii. Discuss the rationale for each procedure.
- iii. Describe the clinical and laboratory procedures associated with the repair versus the reline technique.
- iv. Discuss reasons for repairing an RPD and reasons for relining an RPD.

1. RPD Materials

- i. Describe the different materials used in the fabrication of RPD's
- ii. Explain the advantages and disadvantages of each material.
- iii. Discuss reasons for the selection of each material.

1. Advanced design options in Prosthodontic Specialty Treatment

- i. Explain the concept of rotational path RPDs as an alternative to conventional designs for tooth-supported situations.
- ii. Discuss the rationale for altered cast procedures.
- iii. Describe the clinical and laboratory procedures associated with the altered cast technique.
- iv. Discuss reasons for base-plate fabrication and their importance to accurate articulation of casts.

VII. Course Competencies:

This course teaches to the following competency(ies) in the "[Competencies for the New Dental Graduate](#)".

Domain VI: Patient Care

A. Assessment, Diagnosis, and Treatment

12: Patient Assessment, Diagnosis, Treatment Planning, and Informed Consent: Provide oral health care within the scope of general dentistry to include patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent.

B. Establishment and Maintenance of Oral Health

18: Provide oral health care within the scope of general dentistry to include communicating and managing dental laboratory procedures in support of patient care.

19: Provide oral health care within the scope of general dentistry to include replacement of teeth including fixed, removable and dental implant prosthodontic therapies.

VIII. Evaluation

Evaluation of student performance will consist of: quizzes, assignments, simulation laboratory projects and a written examination.

Your grades will be weighted as follows:

1. **30% - 4 Quizzes.**
2. **30% - Successful completion of all 7 assignments**
3. **1% - Extra credit assignment**
4. **30% - Final Written Examination**
5. **10% - Simulation laboratory attendance and successful completion of all 7 laboratory projects.**

***To pass this course, the student must have a final grade of 72% or above.**

Important: There will be no make-up quizzes. One quiz can be dropped.

Laboratory Formative Feedback. Laboratory projects will be assessed by the student first and then by the faculty. The intent is to teach the student to self-assess their work accurately in order to help them identify gaps in skill and/or knowledge and target areas that need improvement.

Missed assignments or written examinations will require a doctor's note and if excused, the make-up exam will be either an essay or oral examination. The make-up examination must be scheduled within 2 business days of the missed exam or the student's return to school. The highest attainable grade on a missed exam is an 85%.

Remediation:

If you receive an "E" grade in the course, you must meet with the Course Director immediately to determine and develop a remediation plan.

Remediation plan:

The remediation examination requires each student to plan and design a case based on a partially edentulous patient situation as covered in the course lectures and sim lab exercises.

The student is required to plan and design one maxillary and/or one mandibular RPD, which have been randomly selected from all types of partially edentulous situations previously studied.

Students will need to complete the rest preparation, guide planes, and multiple clasp and major connector designs on a prototype cast provided on the exam day.

This practical examination consists of surveying, designing, and making a detailed drawing on the prototype cast. The dental laboratory prescription form will also need to be completed.

To accomplish this the student will have 2.5 hours in the sim lab under instructor supervision/proctoring.

This practical examination will be evaluated using the standard RPD grade sheet with the detailed breakdown of evaluated items. The score for a clinically acceptable design would be 72 of a possible 100 points. Major errors or omissions result in severe grading penalties. If the metal framework, as drawn on the examination casts, would not function correctly, it would not receive a passing grade. For example, if a mesial rest was omitted on an RPI clasping system or if the "I" bar contacted the tooth in the distal rather than the mesial half of the facial undercut, and would not allow the disengagement and stress release function to occur, the RPD would not be functionally acceptable and the student would fail the practical examination.

Successful completion of this course is required before any student is permitted to provide patient care in the TEAMs Clinics (DMD clinical courses), clinical rotations involving patient care, offsite rotations that require providing clinical patient care, and volunteer opportunities involving direct provision of patient care. Students may be permitted to assist and take radiographs with authorization from the Associate Dean for Clinical Affairs and Quality Assurance.

Attendance, Adherence to the Dress Code and Professional Conduct are Mandatory. The following adjustments will be made to the final course grades:

Attendance

- 5% will be deducted from the final grade for each lecture or lab missed without an excused absence.
- 5% will be deducted from the final grade for every three unexcused instances of tardiness.
- 5% will be deducted from the final grade if the daily project sheet is not turned in to the course director by the due date established by the course director.

Adherence to the Dress Code. Students must adhere to the dress code as spelled out in the Pre-doctoral Student Handbook and Clinic Procedure Manual while enrolled in any course in the Department of Restorative Dental Sciences. It is applicable at ALL times including, lectures, exams, quizzes, and laboratory sessions. Failure to comply with the dress code will result in a reduction in your final course grade as follows:

- **1st Offense** - Student will be asked to leave the class and warned
- **2nd Offense** - Student will be asked to leave the class and a 5% reduction in your final course percentage will be imposed
- **3rd Offense** - Student will be asked to leave the class and an additional 5% (10% total for dress code) reduction in your final course percentage will be imposed
- **4th Offense** - Student will be asked to leave the class and an additional 5% (15% total for dress code) reduction in your final course percentage will be imposed
- **5th Offense** - Student will be issued an "E" grade in the course

Professional Conduct. The College of Dentistry expects all dental students to be professional in their dealings with patients, colleagues, faculty and staff. All students are expected to abide by the UF Code of Conduct

<https://sccr.dso.ufl.edu/wp-content/uploads/sites/4/2020/12/Orange-Book-Web-Version-2020.pdf> . The University principles address our respect for people and property, for fairness, for Laws and Regulations, and for academic integrity. Nothing in this Regulation shall be interpreted to limit the constitutional or statutory rights of any Student, including but not limited to expressive rights protected by the First Amendment.

1. Respect for people and property. Students are encouraged both to conduct themselves in a manner that exemplifies respect for all people and property and to adhere to their personal values without imposing those on others.
 2. Respect for fairness. Rules and established procedures are intended to ensure both fundamental fairness and an educational experience for Students and Student Organizations.
 3. Respect for Laws and Regulations. Students are expected to follow all applicable Laws and Regulations.
 4. Respect for academic integrity. Academic honesty and integrity are fundamental values of the University. Students commit to holding themselves and their peers to the high standard of honor required by the Student Honor Code. Any Student who becomes aware of a violation of the Student Honor Code is encouraged to report the violation to the appropriate University Official.
- Students are expected to be prepared for all lecture and laboratory sessions. They are expected to complete self-assessment forms, follow all guidelines and instructions in the classroom, simulation

laboratory, junior/senior laboratory, or during online sessions (which include dress code, use of iPods, headphones, etc.). Professional students are expected to attend all assigned sessions in an attempt to get the most out of every learning opportunity. This includes staying the entire session, working diligently during the lab session, etc.). Any student professional misconduct observed during lectures, exams, quizzes, and laboratory sessions will result in a **Professional Variance** (see *Pre-doctoral Student Handbook*), and reporting of the incident to the **Student Honor Code Administration**. Conduct issues are often accompanied by sanctions that are determined by the course director in conjunction with the department chair and the Dean of Students or their designee.

Students will receive a grade of 0 on a psychomotor exam for any of the following:

1. Changing or removing **any** teeth during or after a psychomotor examination. (Dental anatomy allows the student to take the tooth out while waxing but teeth cannot be changed or replaced during the exam.)
2. Working on the dentoform in any manner that is unnatural (such as upside down, placing the upper arch in the lower arch position and vice versa).
3. Not placing the dentoform on the cart immediately after the exam ends.
4. Working on the dentoform outside of the manikin for a manikin exam.
5. Missing a tooth or teeth adjacent to the exam tooth/teeth.
6. Remove the tooth/teeth or dentoform and leave the exam room with it/them.

Students will lose 50 points off on the psychomotor exam grade if they:

1. Prepare or restoring the wrong tooth.
2. Do not have all teeth in the dentoform.

The grades for the final written exam, psychomotor exam, and final course grade will not be posted at the end of the semester, until 70% of students have completed the faculty evaluations.

Remediation. Students failing the course will be awarded an "E" grade, referred to the Student Performance Evaluation Committee (SPEC), and be placed on academic probation. The student must meet with the course director to develop a remediation plan within one week of the notification of the failing final grade. The remediation activities are at the discretion of the course director. Faculty are available to assist students as they prepare for this examination, but the responsibility for learning the material resides with the student. The time, place, content, and passing grade of the remediation program will be individualized for each student and arranged by the course director. Please note that remediation activities are often best completed during student break weeks in order to keep the student on track with other courses the following semester.

The highest grade attainable in a remediated course is a "D". Students failing to satisfactorily complete the remediation program will maintain the "E" grade and will automatically be referred to SPEC. For more information refer to the Administrative Practices Section K: Remediation.

Please note that if the course director determines that the student failed the coursework to such an extent that remedial activities would be inadequate to attain an acceptable level of academic achievement in the course material, the course director can elect not to provide remediation.

IX. Grade Scale

Please note that there is no rounding in Canvas.

A	95 - 100
A-	90 - 94.99
B	86 - 89.99
B+	82 - 85.99
B-	80 - 81.99
C+	74 - 79.99
C	72 - 73.99
E	<72

X. Administrative Practices

Administrative practices for all UFCD courses are universally applied. Exceptions to or deviations from these practices are stated in the individual syllabi by the course director. When not individually stated in the syllabus, course administrative practices default to those identified under "Course Policies" on the DMD Student

Website: <https://dental.ufl.edu/education/dmd-program/course-policies/>

For further information on any of the practices listed below, consult the [UFCD Student Handbook](#) and [UF Attendance Policies](#), catalog.ufl.edu/UGRD/academic-regulations/attendance-

This syllabus is intended to give the student guidance in what may be covered during the semester and will be followed as closely as possible. However, the professor reserves the right to modify, supplement and make changes as the course needs arise."