

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 Signature _____

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					
HOURS					TOTAL HOURS

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:

Send completed form as pdf to the Office of Academic Affairs, gchilds@dental.ufl.edu

Curriculum Committee Approval date _____ Credit hours assigned _____

The Foundation for The Gator Nation

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