



SACRAMENTO  
STATE

# Course Change Proposal Form A



<b>Academic Group (College):</b> Natural Sciences and Mathematics	<b>Academic Organization (Department):</b> Biological Sciences	<b>Date:</b> September 24, 2008
<b>Type of Course Proposal:</b> New <input checked="" type="checkbox"/> Change <input type="checkbox"/> Deletion <input type="checkbox"/>	<b>Department Chair:</b> Rose Leigh Vines	<b>Submitted by:</b> Hao Nguyen
<b>Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></b>	<b>For Catalog Copy: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b> <b>CCE (Extension): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></b>	<b>Semester Effective:</b> Fall <input type="checkbox"/> Spring <input checked="" type="checkbox"/> 20_09__

This course replaces experimental course Subject Area (prefix) and Catalog Nbr (course number):

**Change from:**

<b>Subject Area (prefix) &amp; Catalog Nbr (course no.):</b>	<b>Title:</b>	<b>Units:</b>
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**Change to:**

<b>Subject Area (prefix) &amp; Catalog Nbr (course no.):</b> BIO 195D	<b>Title:</b> Dental Internship	<b>Units: 1 - 2</b>
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**JUSTIFICATION:**

BIO 195D will serve as an additional elective course for Biology majors and minors and will add diversity to courses offered by the Department of Biological Sciences. BIO 195 (Biological Internship) is too broad a course, which can involve training in any area related to biological sciences. The "D" in BIO 195D stands for "Dentistry." This designation will provide the prominent recognition that students will receive training about the inner workings of the dental profession. Students will not simply shadow a dentist, but will be trained in a number of different aspects of the profession including chair-side operation, preparation and sterilization, communication with patients, and office management.

**NEW COURSE DESCRIPTION:** (Not to exceed 80 words, and language should conform to catalog copy. See <http://www.csus.edu/acaf/univmanual/crspsl.htm> - Guidelines for Catalog Course Description)

Supervised non-paid internship experience in medical-related and business-related aspects of dentistry. Includes a volunteer experience in the community. No more than 2 units from BIO 195, 197 and 199 combined can be applied to the biological sciences upper division major requirement. Prerequisite: Department chair and instructor (representing the appropriate pre-professional discipline) permission. Graded: Credit / No Credit. Units: 1.0-2.0 (1 unit = 40 hours of participation/semester and 2 units = 80 hours of participation/semester).

<b>Note:</b>	
<b>Prerequisite: Department Chair and Instructor Permission</b>	
<b>Enforced at Registration: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>	
<b>Corequisite: None</b>	
<b>Enforced at Registration: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></b>	
<b>CAN (California Articulation Number):</b>	
<b>Graded: Letter <input type="checkbox"/> Credit/No Credit <input checked="" type="checkbox"/></b>	<b>Instructor Approval Required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
<b>Course Classification (e.g., lecture, lab, seminar, discussion):</b> S1	<b>Title for CMS (not more than 30 characters):</b> Dental Internship
<b>Cross Listed?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>If yes, do they meet together and fulfill the same requirement, and what is the other course.</b>
<b>How Many Times Can This Course be Taken for Credit?</b>	
<b>Can the course be taken for Credit more than once during the same term? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></b>	

**FOR NEW COURSE PROPOSALS OR SUBSTANTIVE CHANGES ONLY:**

**Description of the Expected Learning Outcomes:** Describe outcomes using the following format: "Students will be able to: 1), 2), etc."  
See the example at <http://www.csus.edu/acaf/example.htm>

**Students will be able to:**

- **Demonstrate knowledge of basic procedures in a dental office.**
- **Describe the use of basic dental equipment.**
- **Communicate with patients in a professional manner.**
- **Demonstrate knowledge of office management skills.**
- **Participate in a volunteer organization in the Sacramento area.**

**\*\*Attach a list of the required/recommended course readings and activities [Note: it is understood that these are updated and modified as needed by the instructor(s).] This attachment should be forwarded only to your Dean's office, not Academic Affairs.**

**Assessment Strategies:** A description of the assessment strategies (e.g., portfolios, examinations, performances, pre-and post-tests, conferences with students, student papers) which will be used by the instructor to determine the extent to which students have achieved the learning outcomes noted above:

**Assessment of students will be by:**

- **A written essay from the student describing the experience and any relevant information acquired/learned in the dental office**
- **Letters from the supervising dentist(s) and office manager(s) indicating the students involvement and their level of satisfaction with the student's work**
- **A written essay on the "Service to the Community" aspect of the internship**
- **A letter from the director(s) of the volunteer organization(s) indicating the students involvement and her/his level of satisfaction with the student's work**

**For whom is this course being developed?**

Majors in the Dept  X  Majors of other Depts      Minors in the Dept  X  General Education      Other: **Pre-Dental Students**

Is this course required in a degree program (major, minor, graduate degree, certificate)? Yes      No  X

If yes, identify program(s):

Does the proposed change or addition cause a significant increase in the use of College or University resources (lab room, computer facilities, faculty, etc.)? Yes      No  X

If yes, attach a description of resources needed and verify that resources are available.

Indicate which department or programs will be affected by the proposed course (if any). \_\_\_\_\_

*The Department Chair's signature below indicates that affected programs have been sent a copy of this proposal form.*

**Approvals:** If proposed change, new course or deletion is approved, sign and date below. If not approved, forward without signing to the next reviewing authority, and attach an explanatory memorandum to the original copy.

**Signatures:**

**Date**

Department Chair: <i>Rose Leff Vines</i>	<i>10/16/08</i>
College Dean or Associate Dean: <i>Laurie Yefferson</i>	<i>10/20/08</i>
CPSP (for school personnel courses ONLY)	
Associate Vice President and Dean for Academic Programs	

**Distribution:** Academic Affairs (original), Department Chair and College Dean. Dean's office to send original after approval to Academic Affairs, at mail zip 6016. An electronic copy must also be sent.