Curriculum Development Form — Modify an Existing Course

Course Designator, Number, Title and Number of Credits (i.e. ACCT 1800, Business Law, 3 cr)

DA 1835  Expanded Functions Dental Assisting

Date of Proposal: March 3, 2015  Author: Jenny Qumdei

Course Contact: Jenny Qumdei  Grading Method: ☑ Grade  ☐ Pass/Fail

Scheduling: ☑ Fall  ☐ Spring  ☐ Summer  ☐ Alternate Years  ☐ Variable  ☐ On Demand

Is this proposed course a Liberal Arts and Sciences course? ☐ Yes  ☑ No

If yes, which MnTC area(s) will it fulfill (http://mtntransfer.org)?

☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7  ☐ 8  ☐ 9  ☐ 10

The course is being: ☑ Modified  ☐ Deleted (complete Intention Form and obtain signatures)

Describe the modification and the rationale: **Adding 1 Competency - This is being moved from 041330 Chairside Dental Assisting II, Pediatrics. The move will allow learners to apply topic in more logical sequence.** Is this course a requirement elective for a specific program or programs? ☑ Yes  ☐ No

If yes, which program(s)? — DARS search Dental Assisting

What impact will this modified course have on other program(s)? None

Attach additional paperwork if necessary

As Faculty Developer, by signing this Modify an Existing Course form, the Curriculum Committee is assured of the following (check marks required):

☐ Prior to Preparing Documentation

☑ Initiation — idea was submitted to Department Chair(s) and Academic Dean/Director for discussion and support

☑ Completed Intention Form

Continue the Curriculum Development Process

☑ COPY of existing CCO was used to make changes

☑ Double-checked:

☐ concise 2-3 sentence course description  ☐ course name  ☐ lecture/lab credits and hour breakdown

☐ course prefix and number  ☐ prerequisites  ☐ MnTC goal area — LAS courses

☑ Completed MnTC Goal Area Cross-walk Template (for LAS MnTC courses only)

☑ Verified measurable course competencies and learning objectives

☑ Considered potential opportunities and impacts of the change on other programs/departments — DARS Search

☑ Proofread documentation for correct content and proper structure on CCOs based on SCC example

☑ Proofread documentation for grammatical and typographical errors

Jenny Qumdei  Date

Faculty Developer Signature  3-17-15

As Primary Department Chair, by signing this Modify an Existing Course form, the Curriculum Committee is assured of the following (check marks required):

☑ Documentation through email and department meetings made available for other faculty and programs to provide feedback, includes MnTC Goal Area Cross-walk Template(s)

☑ Proofread documentation for correct content and proper structure on CCOs based on SCC example

☑ Proofread documentation for grammatical and typographical errors

☑ I support this course  ☐ I do not support this course — please provide reason(s):

[Signature]

3-17-15

Primary Department Chair Signature  Date
For LAS (MnTC courses) — As a LAS Department Chair, by signing this Modify an Existing Course form, the Curriculum Committee is assured of the following (check marks required):

☐ LAS course (specifically MnTC courses), documentation through email and department meetings made available for other faculty and programs to provide feedback, includes MnTC Goal Area Cross-walk Template(s)

☐ I support this course ☐ I do not support this course — please provide reason(s):

________________________________________
LAS Department Chair Signature Date

☐ I support this course ☐ I do not support this course — please provide reason(s):

________________________________________
LAS Department Chair Signature Date

☐ I support this course ☐ I do not support this course — please provide reason(s):

________________________________________
LAS Department Chair Signature Date

If all 4 LAS Department Chairs do not support the modified course proposal, faculty developer can elevate the proposal to AASC for resolution.

As Academic Dean/Director, by signing this Modify an Existing Course form, the Curriculum Committee is assured of the following (check marks required):

☐ Identified potential opportunities and impacts of the change on other programs/departments — DARS search
☐ Reviewed MnTC Goal Area Cross-walk Template (for LAS MnTC courses only)
☐ MnTC Goal Area is appropriate based on MnSCU guidelines — Transfer Specialist consulted
☐ Verified credentials for faculty teaching the course
☐ Addressed the need for Class Maximum Change Request form

☐ No change in class maximum OR
☐ Change in class maximum — Class Maximum Change Request form completed with all necessary signatures

☐ I support this course ☐ I do not support this course — please provide reason(s):

________________________________________
Academic Dean/Director Signature Date

If Academic Dean/Director does not support the modified course proposal, faculty developer can elevate the proposal to AASC for resolution.

Upload this signed form as a PDF to WIDS Shared Document folder — Curriculum Committee.

Following Curriculum Committee support, this form is completed with final signatures.

________________________________________
Curriculum Committee Chair Signature Date

________________________________________
Vice President of Student and Academic Affairs Signature Date

Modify an Existing Course Form — 12/9/14 — Page 2
Curriculum Development Form — Modify an Existing Course

Course Designator, Number, Title and Number of Credits (i.e. ACCT 1800, Business Law, 3 cr)
DA 1826 Radiology II (3 credits)

Date of Proposal: 3/10/2015  Author: Karon Metz
Course Contact: Karon Metz  Grading Method: ☑ Grade ☐ Pass/Fail
Scheduling: □ Fall ☑ Spring □ Summer □ Alternate Years □ Variable □ On Demand
Is this proposed course a Liberal Arts and Sciences course? □ Yes ☑ No
If yes, which MnTC area(s) will it fulfill (http://mntransfer.org)?
□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10
The course is being: ☑ Modified □ Deleted (complete Intention Form and obtain signatures)
Describe the modification and the rationale:
Update the current course description, current course competencies and learning objectives to reflect a more organized

Is this course a requirement/elective for a specific program or programs? ☑ Yes □ No
If yes, which program(s)? — DARS search
Dental Assisting

What impact will this modified course have on other program(s)?
None

Attach additional paperwork if necessary

As Faculty Developer, by signing this Modify an Existing Course form, the Curriculum Committee is assured of the following (check marks required):
Prior to Preparing Documentation
☑ Initiation — idea was submitted to Department Chair(s) and Academic Dean/Director for discussion and support
☑ Completed Intention Form
Continue the Curriculum Development Process
☑ COPY of existing CCO was used to make changes
☑ Double-checked:
  • concise 2-3 sentence course description
  • course name
  • lecture/lab credits and hour breakdown
  • course prefix and number
  • prerequisites
  • MnTC goal area — LAS courses
☑ Completed MnTC Goal Area Cross-walk Template (for LAS MnTC courses only)
☑ Verified measurable course competencies and learning objectives
☑ Considered potential opportunities and impacts of the change on other programs/departments — DARS Search
☑ Proofread documentation for correct content and proper structure on CCOs based on SCC example
☑ Proofread documentation for grammatical and typographical errors

Faculty Developer Signature

3-18-15
Date

As Primary Department Chair, by signing this Modify an Existing Course form, the Curriculum Committee is assured of the following (check marks required):
☑ Documentation through email and department meetings made available for other faculty and programs to provide feedback, includes MnTC Goal Area Cross-walk Template(s)
☐ Proofread documentation for correct content and proper structure on CCOs based on SCC example
☐ Proofread documentation for grammatical and typographical errors
☐ I support this course  ☐ I do not support this course — please provide reason(s):

Primary Department Chair Signature

3-18-15
Date
For LAS (MnTC courses) — As a LAS Department Chair, by signing this Modify an Existing Course form, the Curriculum Committee is assured of the following (check marks required):

☐ LAS course (specifically MnTC courses), documentation through email and department meetings made available for other faculty and programs to provide feedback, includes MnTC Goal Area Cross-walk Template(s)

☐ I support this course  ☐ I do not support this course — please provide reason(s):

__________________________________________  _______________________________________
LAS Department Chair Signature  Date

☐ I support this course  ☐ I do not support this course — please provide reason(s):

__________________________________________  _______________________________________
LAS Department Chair Signature  Date

☐ I support this course  ☐ I do not support this course — please provide reason(s):

__________________________________________  _______________________________________
LAS Department Chair Signature  Date

If all 4 LAS Department Chairs do not support the modified course proposal, faculty developer can elevate the proposal to AASC for resolution.

As Academic Dean/Director, by signing this Modify an Existing Course form, the Curriculum Committee is assured of the following (check marks required):

☒ Identified potential opportunities and impacts of the change on other programs/departments — DARS search
☒ Reviewed MnTC Goal Area Cross-walk Template (for LAS MnTC courses only)
☒ MnTC Goal Area is appropriate based on MnSCU guidelines — Transfer Specialist consulted
☒ Verified credentials for faculty teaching the course
☒ Addressed the need for Class Maximum Change Request form
  ☐ No change in class maximum OR
  ☒ Change in class maximum — Class Maximum Change Request form completed with all necessary signatures

☒ I support this course  ☐ I do not support this course — please provide reason(s):

__________________________________________  _______________________________________
Michele Schumacher  3/18/15
Academic Dean/Director Signature  Date

If Academic Dean/Director does not support the modified course proposal, faculty developer can elevate the proposal to AASC for resolution.

Upload this signed form as a PDF to WIDS Shared Document folder — Curriculum Committee.

Following Curriculum Committee support, this form is completed with final signatures.

__________________________________________  _______________________________________
Curriculum Committee Chair Signature  Date

__________________________________________  _______________________________________
Vice President of Student and Academic Affairs Signature  Date

Modify an Existing Course Form — 12/9/14 — Page 2
Curriculum Development Form — Modify an Existing Course

Course Designator, Number, Title and Number of Credits (i.e. ACCT 1800, Business Law, 3 cr)
DA 1830 Chairsde DA II

Date of Proposal: 3/10/2015  Author: Karon Metz

Course Contact: Karon Metz
Grading Method: ☑ Grade  ☐ Pass/Fail

Scheduling: ☑ Fall  ☐ Spring  ☐ Summer  ☐ Alternate Years  ☐ Variable  ☐ On Demand

Is this proposed course a Liberal Arts and Sciences course?  ☐ Yes  ☑ No

If yes, which MnTC area(s) will it fulfill (http://mtntransfer.org)?

☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7  ☐ 8  ☐ 9  ☐ 10

The course is being: ☑ Modified  ☐ Deleted (complete Intention Form and obtain signatures)

Describe the modification and the rationale:

The course competencies and learning objectives will be updated to include new course content and a more organized

Is this course a requirement/elective for a specific program or programs?  ☑ Yes  ☐ No

If yes, which program(s)? — DARS search

Dental Assisting only

What impact will this modified course have on other program(s)?

None

Attach additional paperwork if necessary

As Faculty Developer, by signing this Modify an Existing Course form, the Curriculum Committee is assured of the following (check marks required):

Prior to Preparing Documentation
☑ Initiation — idea was submitted to Department Chair(s) and Academic Dean/Director for discussion and support
☑ Completed Intention Form

Continue the Curriculum Development Process
☑ COPY of existing CCO was used to make changes
☑ Double-checked:
  • concise 2-3 sentence course description
  • course name
  • course prefix and number
  • lecture/lab credits and hour breakdown
  • prerequisites
  • MnTC goal area — LAS courses
  ☑ Completed MnTC Goal Area Cross-walk Template (for LAS MnTC courses only)
☑ Verified measurable course competencies and learning objectives
☑ Considered potential opportunities and impacts of the change on other programs/departments — DARS Search
☑ Proofread documentation for correct content and proper structure on CCOs based on SCC example
☑ Proofread documentation for grammatical and typographical errors

Faculty Developer Signature
3-18-15

As Primary Department Chair, by signing this Modify an Existing Course form, the Curriculum Committee is assured of the following (check marks required):

☑ Documentation through email and department meetings made available for other faculty and programs to provide feedback, includes MnTC Goal Area Cross-walk Template(s)
☑ Proofread documentation for correct content and proper structure on CCOs based on SCC example
☑ Proofread documentation for grammatical and typographical errors
☑ I support this course  ☐ I do not support this course — please provide reason(s):

Primary Department Chair Signature
3-18-15

Modify an Existing Course Form — 12/9/14 — Page 1
For LAS (MnTC courses) — As a LAS Department Chair, by signing this *Modify an Existing Course* form, the Curriculum Committee is assured of the following (check marks required):

☐ LAS course (specifically MnTC courses), documentation through email and department meetings made available for other faculty and programs to provide feedback, includes MnTC Goal Area Cross-walk Template(s)

☐ I support this course  ☐ I do not support this course — please provide reason(s):

__________________________  ______________________
LAS Department Chair Signature  Date

☐ I support this course  ☐ I do not support this course — please provide reason(s):

__________________________  ______________________
LAS Department Chair Signature  Date

☐ I support this course  ☐ I do not support this course — please provide reason(s):

__________________________  ______________________
LAS Department Chair Signature  Date

*If all 4 LAS Department Chairs do not support the modified course proposal, faculty developer can elevate the proposal to AASC for resolution.*

As Academic Dean/Director, by signing this *Modify an Existing Course* form, the Curriculum Committee is assured of the following (check marks required):

☐ Identified potential opportunities and impacts of the change on other programs/departments — DARS search

☐ Reviewed MnTC Goal Area Cross-walk Template (for LAS MnTC courses only)

☐ MnTC Goal Area is appropriate based on MnSCU guidelines — Transfer Specialist consulted

☐ Verified credentials for faculty teaching the course

☐ Addressed the need for Class Maximum Change Request form

☐ No change in class maximum OR

☐ Change in class maximum — Class Maximum Change Request form completed with all necessary signatures

☐ I support this course  ☐ I do not support this course — please provide reason(s):

__________________________  3/18/15
Academic Dean/Director Signature  Date

*If Academic Dean/Director does not support the modified course proposal, faculty developer can elevate the proposal to AASC for resolution.*

Upload this signed form as a PDF to WIDS Shared Document folder — Curriculum Committee.

Following Curriculum Committee support, this form is completed with final signatures.

__________________________  4/14/15
Vice President of Student and Academic Affairs Signature  Date

Modify an Existing Course Form — 12/9/14 — Page 2
Curriculum Development Form — New Course

Course Designator, Number, Title and Number of Credits (i.e. ACCT 1800, Business Law, 3 cr)
DA 1850 Dental Business Technologies

Date of Proposal: March 3, 2015

Author: Jenny Qundrei

Course Contact: Jenny Qundrei

Grading Method: ☐ Grade ☐ Pass/Fail

Scheduling: ☐ Fall ☐ Spring ☐ Summer ☐ Alternate Years ☐ Variable ☐ On Demand

Is this proposed course a Liberal Arts and Sciences course? ☐ Yes ☐ No

If yes, which MnTC area(s) will it fulfill (http://mntransfer.org)?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Is this course a requirement/elective for a specific program or programs? ☐ Yes ☐ No

If yes, which program(s)? — DARS search Dental Assisting

What impact will this new course have on other program(s)? None

Describe the rationale for offering this new course: Combining courses DA 1810 + DA 1831 — move to EHTA and accreditation standards will eliminate duplicate teaching — also will cover all aspects for accreditation.

Attach additional paperwork if necessary

As Faculty Developer, by signing this New Course form, the Curriculum Committee is assured of the following (check marks required):

Prior to Preparing Documentation
☐ Initiation — idea was submitted to Department Chair(s) and Academic Dean/Director for discussion and support
☐ Explored existing course offerings to identify potential duplication
☐ Completed Intention Form

Continue the Curriculum Development Process
☐ Used online WIDS to create Common Course Outline (CCO)
☐ Identified:
  • concise 2-3 sentence course description
  • course prefix and number
  • course name
  • prerequisite
  • lecture/lab credits and hour breakdown
  • MnTC goal area — LAS courses
☐ Completed MnTC Goal Area Cross-walk Template (for LAS MnTC courses only)
☐ Created measurable course competencies and learning objectives
☐ Considered potential opportunities and impacts of the change on other programs/departments — DARS Search
☐ Proofread documentation for correct content on CCOs based on SCC example
☐ Proofread documentation for grammatical and typographical errors

Jenny Qundrei 3-17-2015

Faculty Developer Signature  Date

As Primary Department Chair, by signing this New Course form, the Curriculum Committee is assured of the following (check marks required):
☐ Documentation through email and department meetings made available for other faculty and programs to provide feedback, includes MnTC Goal Area Cross-walk Template(s)
☐ Proofread documentation for correct content and proper structure on CCOs based on SCC example
☐ Proofread documentation for grammatical and typographical errors
☐ I support this course ☐ I do not support this course — please provide reason(s):

Jenny Qundrei 3-17-2015

Primary Department Chair Signature  Date
For LAS (MnTC courses) — As a LAS Department Chair, by signing this New Course form, the Curriculum Committee is assured of the following (check marks required):
☐ LAS course (specifically MnTC courses), documentation through email and department meetings made available for other faculty and programs to provide feedback, includes MnTC Goal Area Cross-walk Template(s)

☐ I support this course  ☐ I do not support this course — please provide reason(s):

____________________________________  ______________________
LAS Department Chair Signature            Date

☐ I support this course  ☐ I do not support this course — please provide reason(s):

____________________________________  ______________________
LAS Department Chair Signature            Date

☐ I support this course  ☐ I do not support this course — please provide reason(s):

____________________________________  ______________________
LAS Department Chair Signature            Date

If all 4 LAS Department Chairs do not support the new course proposal, faculty developer can elevate the proposal to AASC for resolution.

As Academic Dean/Director, by signing this New Course form, the Curriculum Committee is assured of the following (check marks required):
☐ Identified potential opportunities and impacts of the change on other programs/departments — DARS search
☐ Reviewed MnTC Goal Area Cross-walk Template (for LAS MnTC courses only)
☐ MnTC Goal Area is appropriate based on MnSCU guidelines — Transfer Specialist consulted
☐ Verified credentials for faculty teaching the course
☐ Addressed the need for Class Maximum Change Request form
☐ No change in class maximum OR
☐ Change in class maximum — Class Maximum Change Request form completed with all necessary signatures

☐ I support this course  ☐ I do not support this course — please provide reason(s):

_________________________  3/18/15
Academic Dean/Director Signature            Date

If Academic Dean/Director does not support the new course proposal, faculty developer can elevate proposal to AASC for resolution.
Upload this signed form as a PDF to WIDS Shared Document folder — Curriculum Committee.

Following Curriculum Committee support, this form is completed with final signatures.

_________________________  4/3/2015
Curriculum Committee Chair Signature  Date

_________________________  4-14-15
Vice President of Student and Academic Affairs Signature  Date