New York City College of Technology, CUNY

CURRICULUM MODIFICATION PROPOSAL FORM

This form is used for all curriculum modification proposals. See the [Proposal Classification Chart](http://openlab.citytech.cuny.edu/collegecouncil/files/2014/08/2013-10-09-Proposal_Classification_Chart.pdf) for information about what types of modifications are major or minor. Completed proposals should be emailed to the Curriculum Committee chair.

|  |  |
| --- | --- |
| **Title of Proposal** | **Change in general education core for chemistry and math requirement for Dental Laboratory Technology AAS degree** |
| **Date** | **3/25/2015** |
| **Major or Minor** | **Minor** |
| **Proposer’s Name** | **Anthony Sena** |
| **Department** | **Restorative Dentistry** |
| **Date of Departmental Meeting in which proposal was approved** | **4/2/2015** |
| **Department Chair Name** | **Anthony Sena** |
| **Department Chair Signature and Date** | **4/2/2015** |
| **Academic Dean Name** | **David B. Smith** |
| **Academic Dean Signature and Date** | **4/2/2015** |
| **Brief Description of Proposal**  (Describe the modifications contained within this proposal in a succinct summary. More detailed content will be provided in the proposal body. | **Change chemistry requirement to state CHEM 1000 or higher. Change math requirement to accept MAT 1190** |
| **Brief Rationale for Proposal**  (Provide a concise summary of why this proposed change is important to the department. More detailed content will be provided in the proposal body). | **Students that take higher levels of chemistry than CHEM 1000 meet the requirements in this area. In anticipation of Math 1180 no longer being offered Math 1190 will be a suitable replacement for this course** |
| **Proposal History**  (Please provide history of this proposal: is this a resubmission? An updated version? This may most easily be expressed as a list). |  |

Please include all appropriate documentation as indicated in the Curriculum Modification Checklist.

For each new course, please also complete the New Course Proposal and submit in this document.

Please submit this document as a single .doc or .rtf format. If some documents are unable to be converted to .doc, then please provide all documents archived into a single .zip file.

**ALL PROPOSAL CHECK LIST**

|  |  |
| --- | --- |
| Completed CURRICULUM MODIFICATION FORM including: |  |
| * Brief description of proposal | yes |
| * Rationale for proposal | yes |
| * Date of department meeting approving the modification | yes |
| * Chair’s Signature | yes |
| * Dean’s Signature |  |
| Evidence of consultation with affected departments  List of the programs that use this course as required or elective, and courses that use this as a prerequisite. | N/A |
| Documentation of Advisory Commission views (if applicable). | N/A |
| Completed [Chancellor’s Report Form](http://openlab.citytech.cuny.edu/collegecouncil/files/2014/08/2013-10-09-Chancellor_Report_Quick_Reference_Guide1.doc). | yes |

**EXISTING PROGRAM MODIFICATION PROPOSALS**

|  |  |
| --- | --- |
| Documentation indicating core curriculum requirements have been met for new programs/options or program changes. |  |
| Detailed rationale for each modification (this includes minor modifications) |  |

|  |  |
| --- | --- |
| **FROM:** | **To:** |
| General Education Common Core: 20 Credits  **I – Required Core (3 or 4 courses, 11 or 14 credits)**  **English Composition (1 or 2 courses, 3 or 6 credits)**  ENG 1101 English Composition I 3  [ENG 1121 English Composition II[[1]](#footnote-1)] [3]  **~~Mathematical and Quantitative Reasoning (1 course, 4 credits)~~**  ~~Select~~ **~~one~~** ~~of the following courses~~  ~~MAT 1180 Math Concepts and Applications 4~~  ~~MAT 1275 College Algebra and Trigonometry or higher[[2]](#footnote-2) 4~~  **Life/ Physical Science (1 course, 4 credits)**  ~~CHEM 1000 Principles of Chemistry~~ 4  **II – Flexible Core (2 or 3 courses; 6 or 9 credits)**  One course from each of any two groups, plus Speech if ENG 1121 is not taken: 6  **World Cultures and Global Issues**  **US Experience in its Diversity**  **Creative Expression**  **Individual and Society**  [COM 1330 Public Speaking or higher] [3]  **Scientific World**  **Subtotal 20**  **TOTAL CREDITS REQUIRED FOR THE DEGREE 64** | General Education Common Core: 20 Credits  **I – Required Core (3 or 4 courses, 11 or 14 credits)**  **English Composition (1 or 2 courses, 3 or 6 credits)**  ENG 1101 English Composition I 3  [ENG 1121 Composition II1] [3]  **Mathematical and Quantitative Reasoning (1 course, 3 or 4 credits)**  Select **one** of the following courses  MAT 1190 Quantitative Reasoning2 3  MAT 1180 Math Concepts and Applications 4 4  MAT 1275 College Algebra and Trigonometry or higher3 4 4  **Life/ Physical Science (1 course, 4 credits)**  CHEM 1000 Principles of Chemistry or higher 4  **II – Flexible Core (2 or 3 courses; 6 or 9 credits)**  One course from each of any two groups, plus Speech if ENG 1121 is not taken: 6  **World Cultures and Global Issues**  **US Experience in its Diversity**  **Creative Expression**  **Individual and Society**  [COM 1330 Public Speaking or higher] [3]  **Scientific World**  **Subtotal 20**  **TOTAL CREDITS REQUIRED FOR THE DEGREE 64** |
|  |  |

Rationale: This change recognizes that higher levels of chemistry above Chem 1000 principles of Chemistry satisfy the requirement of life and Physical Science. Math 1190 is recognized as an acceptable substitute for math 1180.

New York City College of Technology, CUNY

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|  |  |
| --- | --- |
| **Title of Proposal** | **RESD 2310 Principles of Occlusion** |
| **Date** | **3/25/14** |
| **Major or Minor** | **Minor** |
| **Proposer’s Name** | **Anthony Sena** |
| **Department** | **Restorative Dentistry** |
| **Date of Departmental Meeting in which proposal was approved** | **4/2/2015** |
| **Department Chair Name** | **Anthony Sena** |
| **Department Chair Signature and Date** | **4/2/2015** |
| **Academic Dean Name** | **David B Smith** |
| **Academic Dean Signature and Date** | **4/2/2015** |
| **Brief Description of Proposal**  (Describe the modifications contained within this proposal in a succinct summary. More detailed content will be provided in the proposal body. | **Change RESD 2310 prerequisite to RESD 1110.** |
| **Brief Rationale for Proposal**  (Provide a concise summary of why this proposed change is important to the department. More detailed content will be provided in the proposal body). | **The current prerequisite for the course does not indicate any specific course. The proposed change will provide a specific course that provides the prior skills and knowledge needed to be success in this course** |
| **Proposal History**  (Please provide history of this proposal: is this a resubmission? An updated version? This may most easily be expressed as a list). | **This is a new proposal** |

Please include all appropriate documentation as indicated in the Curriculum Modification Checklist.

For each new course, please also complete the New Course Proposal and submit in this document.

Please submit this document as a single .doc or .rtf format. If some documents are unable to be converted to .doc, then please provide all documents archived into a single .zip file.

**ALL PROPOSAL CHECK LIST**

|  |  |
| --- | --- |
| Completed CURRICULUM MODIFICATION FORM including: |  |
| * Brief description of proposal | yes |
| * Rationale for proposal | yes |
| * Date of department meeting approving the modification | yes |
| * Chair’s Signature | yes |
| * Dean’s Signature |  |
| Evidence of consultation with affected departments  List of the programs that use this course as required or elective, and courses that use this as a prerequisite. | N/A |
| Documentation of Advisory Commission views (if applicable). | N/A |
| Completed [Chancellor’s Report Form](http://openlab.citytech.cuny.edu/collegecouncil/files/2014/08/2013-10-09-Chancellor_Report_Quick_Reference_Guide1.doc). | yes |

**EXISTING PROGRAM MODIFICATION PROPOSALS**

|  |  |
| --- | --- |
| Documentation indicating core curriculum requirements have been met for new programs/options or program changes. |  |
| Detailed rationale for each modification (this includes minor modifications) |  |

**Chancellor’s Report:**

**RESD 2310 Principles of Occlusion**

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** |  | **To:** |  |
| **Prerequisite:** | ~~Completion of all second level courses~~ | **Prerequisite:** | RESD 1110 |
| **Corequisites:** | ~~N/A~~ | **Corequisites:** |  |
| **Pre- or corequisites:** | ~~N/A~~ | **Pre- or corequisites:** |  |

Rationale: This change identifies specific major courses that provide a foundation skills and knowledge for successful completion of the course. It will also better align prerequisites for listing in CUNYfirst.

New York City College of Technology, CUNY

CURRICULUM MODIFICATION PROPOSAL FORM

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|  |  |
| --- | --- |
| **Title of Proposal** | **RESD 2311 Complete Dentures III** |
| **Date** | **3/25/14** |
| **Major or Minor** | **Minor** |
| **Proposer’s Name** | **Anthony Sena** |
| **Department** | **Restorative Dentistry** |
| **Date of Departmental Meeting in which proposal was approved** | **4/2/2015** |
| **Department Chair Name** | **Anthony Sena** |
| **Department Chair Signature and Date** | **4/2/2015** |
| **Academic Dean Name** | **David B Smith** |
| **Academic Dean Signature and Date** | **4/2/2015** |
| **Brief Description of Proposal**  (Describe the modifications contained within this proposal in a succinct summary. More detailed content will be provided in the proposal body. | **Change RESD 2311 prerequisite to RESD 1211.** |
| **Brief Rationale for Proposal**  (Provide a concise summary of why this proposed change is important to the department. More detailed content will be provided in the proposal body). | **The current prerequisite for the course does not indicate any specific course. The proposed change will provide a specific course that provides the prior skills and knowledge needed to be success in this course** |
| **Proposal History**  (Please provide history of this proposal: is this a resubmission? An updated version? This may most easily be expressed as a list). | **This is a new proposal** |

Please include all appropriate documentation as indicated in the Curriculum Modification Checklist.

For each new course, please also complete the New Course Proposal and submit in this document.

Please submit this document as a single .doc or .rtf format. If some documents are unable to be converted to .doc, then please provide all documents archived into a single .zip file.

**ALL PROPOSAL CHECK LIST**

|  |  |
| --- | --- |
| Completed CURRICULUM MODIFICATION FORM including: |  |
| * Brief description of proposal | yes |
| * Rationale for proposal | yes |
| * Date of department meeting approving the modification | yes |
| * Chair’s Signature | yes |
| * Dean’s Signature |  |
| Evidence of consultation with affected departments  List of the programs that use this course as required or elective, and courses that use this as a prerequisite. | N/A |
| Documentation of Advisory Commission views (if applicable). | N/A |
| Completed [Chancellor’s Report Form](http://openlab.citytech.cuny.edu/collegecouncil/files/2014/08/2013-10-09-Chancellor_Report_Quick_Reference_Guide1.doc). | yes |

**EXISTING PROGRAM MODIFICATION PROPOSALS**

|  |  |
| --- | --- |
| Documentation indicating core curriculum requirements have been met for new programs/options or program changes. |  |
| Detailed rationale for each modification (this includes minor modifications) |  |

**Chancellor’s Report:**

**RESD 2311 Complete Dentures III**

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** |  | **To:** |  |
| **Prerequisite:** | ~~Completion of all second level courses or approval of chair~~ | **Prerequisite:** | RESD 1211 |
| **Corequisites:** | ~~N/A~~ | **Corequisites:** |  |
| **Pre- or corequisites:** | ~~N/A~~ | **Pre- or corequisites:** |  |

Rationale: This change identifies specific major courses that provide a foundation for successful completion of the course. It will also better align prerequisites for listing in CUNYfirst.

New York City College of Technology, CUNY

CURRICULUM MODIFICATION PROPOSAL FORM

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|  |  |
| --- | --- |
| **Title of Proposal** | **RESD 2313 Removable Partial Dentures II** |
| **Date** | **3/25/14** |
| **Major or Minor** | **Minor** |
| **Proposer’s Name** | **Anthony Sena** |
| **Department** | **Restorative Dentistry** |
| **Date of Departmental Meeting in which proposal was approved** | **4/2/2015** |
| **Department Chair Name** | **Anthony Sena** |
| **Department Chair Signature and Date** | **4/2/2015** |
| **Academic Dean Name** | **David B Smith** |
| **Academic Dean Signature and Date** | **4/2/2015** |
| **Brief Description of Proposal**  (Describe the modifications contained within this proposal in a succinct summary. More detailed content will be provided in the proposal body. | **Change RESD 2313 prerequisite to RESD 1216.**  **Change (fall only) in course description to (summer or fall)** |
| **Brief Rationale for Proposal**  (Provide a concise summary of why this proposed change is important to the department. More detailed content will be provided in the proposal body). | **The current prerequisite for the course does not indicate any specific course. The proposed change will provide a specific course that provides the prior skills and knowledge needed to be success in this course. The course has been offered in both the summer and fall semesters.** |
| **Proposal History**  (Please provide history of this proposal: is this a resubmission? An updated version? This may most easily be expressed as a list). | **This is a new proposal** |

Please include all appropriate documentation as indicated in the Curriculum Modification Checklist.

For each new course, please also complete the New Course Proposal and submit in this document.

Please submit this document as a single .doc or .rtf format. If some documents are unable to be converted to .doc, then please provide all documents archived into a single .zip file.

**ALL PROPOSAL CHECK LIST**

|  |  |
| --- | --- |
| Completed CURRICULUM MODIFICATION FORM including: |  |
| * Brief description of proposal | yes |
| * Rationale for proposal | yes |
| * Date of department meeting approving the modification | yes |
| * Chair’s Signature | yes |
| * Dean’s Signature |  |
| Evidence of consultation with affected departments  List of the programs that use this course as required or elective, and courses that use this as a prerequisite. | N/A |
| Documentation of Advisory Commission views (if applicable). | N/A |
| Completed [Chancellor’s Report Form](http://openlab.citytech.cuny.edu/collegecouncil/files/2014/08/2013-10-09-Chancellor_Report_Quick_Reference_Guide1.doc). | yes |

**EXISTING PROGRAM MODIFICATION PROPOSALS**

|  |  |
| --- | --- |
| Documentation indicating core curriculum requirements have been met for new programs/options or program changes. |  |
| Detailed rationale for each modification (this includes minor modifications) |  |

**Chancellor’s Report:**

**RESD 2313 Removable Partial Dentures II**

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** |  | **To:** |  |
|  | RESD 2313  Removable Partial Dentures II  ~~(fall only)~~  1 cl hr, 6 lab hrs, 3 cr |  | RESD 2313  Removable Partial Dentures II  (summer or fall)  1 cl hr, 6 lab hrs, 3 cr |
| **Prerequisite:** | ~~Completion of all second level courses or approval of chair~~ | **Prerequisite:** | RESD 1216 |
| **Corequisites:** | ~~N/A~~ | **Corequisites:** |  |
| **Pre- or corequisites:** | ~~N/A~~ | **Pre- or corequisites:** |  |

Rationale: This change identifies specific major courses that provide a foundation for successful completion of the course. It will also better align prerequisites for listing in CUNYfirst. The course has been offered both in the summer and fall semester

New York City College of Technology, CUNY

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|  |  |
| --- | --- |
| **Title of Proposal** | **RESD 2314 Restorative Dental Ceramics II** |
| **Date** | **3/25/14** |
| **Major or Minor** | **Minor** |
| **Proposer’s Name** | **Anthony Sena** |
| **Department** | **Restorative Dentistry** |
| **Date of Departmental Meeting in which proposal was approved** | **4/2/2015** |
| **Department Chair Name** | **Anthony Sena** |
| **Department Chair Signature and Date** | **4/2/2015** |
| **Academic Dean Name** | **David B Smith** |
| **Academic Dean Signature and Date** | **4/2/2015** |
| **Brief Description of Proposal**  (Describe the modifications contained within this proposal in a succinct summary. More detailed content will be provided in the proposal body. | **Change RESD 2314 pre- or co-requisite to RESD 1215.**  **Change (fall only) in course description to (summer or fall)** |
| **Brief Rationale for Proposal**  (Provide a concise summary of why this proposed change is important to the department. More detailed content will be provided in the proposal body). | **The current prerequisite for the course does not indicate any specific course. The proposed change will provide a specific course that provides the prior skills and knowledge needed to be success in this course. This change will be listed as a pre- or co-requisite. The course has been offered in both summer and fall. Students that take the summer session of RESD 2314 course will be completing the externship component of RESD 1215 simultaneously.** |
| **Proposal History**  (Please provide history of this proposal: is this a resubmission? An updated version? This may most easily be expressed as a list). | **This is a new proposal** |

Please include all appropriate documentation as indicated in the Curriculum Modification Checklist.

For each new course, please also complete the New Course Proposal and submit in this document.

Please submit this document as a single .doc or .rtf format. If some documents are unable to be converted to .doc, then please provide all documents archived into a single .zip file.

**ALL PROPOSAL CHECK LIST**

|  |  |
| --- | --- |
| Completed CURRICULUM MODIFICATION FORM including: |  |
| * Brief description of proposal | yes |
| * Rationale for proposal | yes |
| * Date of department meeting approving the modification | yes |
| * Chair’s Signature | yes |
| * Dean’s Signature |  |
| Evidence of consultation with affected departments  List of the programs that use this course as required or elective, and courses that use this as a prerequisite. | N/A |
| Documentation of Advisory Commission views (if applicable). | N/A |
| Completed [Chancellor’s Report Form](http://openlab.citytech.cuny.edu/collegecouncil/files/2014/08/2013-10-09-Chancellor_Report_Quick_Reference_Guide1.doc). | yes |

**EXISTING PROGRAM MODIFICATION PROPOSALS**

|  |  |
| --- | --- |
| Documentation indicating core curriculum requirements have been met for new programs/options or program changes. |  |
| Detailed rationale for each modification (this includes minor modifications) |  |

**Chancellor’s Report:**

**RESD 2314 Restorative Dental Ceramics II**

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** |  | **To:** |  |
|  | RESD 2314 Restorative Dental Ceramics ll  ~~(fall only)~~  1 cl hr, 6 lab hrs, 3 cr |  | RESD 2314 Restorative Dental Ceramics ll  (summer or fall)  1 cl hr, 6 lab hrs, 3 cr |
| **Prerequisite:** | ~~Completion of all second level courses or approval of chair~~ | **Prerequisite:** |  |
| **Corequisites:** | ~~N/A~~ | **Corequisites:** |  |
| **Pre- or corequisites:** | ~~N/A~~ | **Pre- or corequisites:** | RESD 1215 |

Rationale: This change identifies specific major courses that provide a foundation for successful completion of the course. It will also better align prerequisites for listing in CUNYfirst. This course has been offered during summer and fall sessions.

New York City College of Technology, CUNY

CURRICULUM MODIFICATION PROPOSAL FORM

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|  |  |
| --- | --- |
| **Title of Proposal** | **RESD 2409 Laboratory Operation, Ethics and Jurisprudence** |
| **Date** | **3/25/14** |
| **Major or Minor** | **Minor** |
| **Proposer’s Name** | **Anthony Sena** |
| **Department** | **Restorative Dentistry** |
| **Date of Departmental Meeting in which proposal was approved** | **4/2/2015** |
| **Department Chair Name** | **Anthony Sena** |
| **Department Chair Signature and Date** | **4/2/2015** |
| **Academic Dean Name** | **David B Smith** |
| **Academic Dean Signature and Date** | **4/2/2015** |
| **Brief Description of Proposal**  (Describe the modifications contained within this proposal in a succinct summary. More detailed content will be provided in the proposal body. | **Change RESD 2409 prerequisite to RESD 1211, RESD 1212, RESD 2307, RESD 2310, RESD 2313, RESD 2314.** |
| **Brief Rationale for Proposal**  (Provide a concise summary of why this proposed change is important to the department. More detailed content will be provided in the proposal body). | **The current prerequisite for the course does not indicate any specific course. The proposed change will provide a specific course that provides the prior skills and knowledge needed to be success in this course** |
| **Proposal History**  (Please provide history of this proposal: is this a resubmission? An updated version? This may most easily be expressed as a list). | **This is a new proposal** |

Please include all appropriate documentation as indicated in the Curriculum Modification Checklist.

For each new course, please also complete the New Course Proposal and submit in this document.

Please submit this document as a single .doc or .rtf format. If some documents are unable to be converted to .doc, then please provide all documents archived into a single .zip file.

**ALL PROPOSAL CHECK LIST**

|  |  |
| --- | --- |
| Completed CURRICULUM MODIFICATION FORM including: |  |
| * Brief description of proposal | yes |
| * Rationale for proposal | yes |
| * Date of department meeting approving the modification | yes |
| * Chair’s Signature | yes |
| * Dean’s Signature |  |
| Evidence of consultation with affected departments  List of the programs that use this course as required or elective, and courses that use this as a prerequisite. | N/A |
| Documentation of Advisory Commission views (if applicable). | N/A |
| Completed [Chancellor’s Report Form](http://openlab.citytech.cuny.edu/collegecouncil/files/2014/08/2013-10-09-Chancellor_Report_Quick_Reference_Guide1.doc). | yes |

**EXISTING PROGRAM MODIFICATION PROPOSALS**

|  |  |
| --- | --- |
| Documentation indicating core curriculum requirements have been met for new programs/options or program changes. |  |
| Detailed rationale for each modification (this includes minor modifications) |  |

**Chancellor’s Report:**

**RESD 2409 Laboratory Operation, Ethics and Jurisprudence**

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** |  | **To:** |  |
| **Prerequisite:** | ~~Completion of all third level courses or approval of chair~~ | **Prerequisite:** | RESD 1211, RESD 1212, RESD 2307, RESD 2310, RESD 2313, RESD 2314 |
| **Corequisites:** | ~~N/A~~ | **Corequisites:** |  |
| **Pre- or corequisites:** | ~~N/A~~ | **Pre- or corequisites:** |  |

Rationale: This change identifies specific major courses that provide a foundation for successful completion of the course. It will also better align prerequisites for listing in CUNYfirst.

New York City College of Technology, CUNY

CURRICULUM MODIFICATION PROPOSAL FORM

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|  |  |
| --- | --- |
| **Title of Proposal** | **RESD 2411 Complete Dentures and Maxillofacial Concepts** |
| **Date** | **3/25/14** |
| **Major or Minor** | **Minor** |
| **Proposer’s Name** | **Anthony Sena** |
| **Department** | **Restorative Dentistry** |
| **Date of Departmental Meeting in which proposal was approved** | **4/2/2015** |
| **Department Chair Name** | **Anthony Sena** |
| **Department Chair Signature and Date** | **4/2/2015** |
| **Academic Dean Name** | **David B Smith** |
| **Academic Dean Signature and Date** | **4/2/2015** |
| **Brief Description of Proposal**  (Describe the modifications contained within this proposal in a succinct summary. More detailed content will be provided in the proposal body. | **Change RESD 2411 prerequisite to RESD 1211.** |
| **Brief Rationale for Proposal**  (Provide a concise summary of why this proposed change is important to the department. More detailed content will be provided in the proposal body). | **The current prerequisite for the course does not indicate any specific course. The proposed change will provide a specific course that provides the prior skills and knowledge needed to be success in this course** |
| **Proposal History**  (Please provide history of this proposal: is this a resubmission? An updated version? This may most easily be expressed as a list). | **This is a new proposal** |

Please include all appropriate documentation as indicated in the Curriculum Modification Checklist.

For each new course, please also complete the New Course Proposal and submit in this document.

Please submit this document as a single .doc or .rtf format. If some documents are unable to be converted to .doc, then please provide all documents archived into a single .zip file.

**ALL PROPOSAL CHECK LIST**

|  |  |
| --- | --- |
| Completed CURRICULUM MODIFICATION FORM including: |  |
| * Brief description of proposal | yes |
| * Rationale for proposal | yes |
| * Date of department meeting approving the modification | yes |
| * Chair’s Signature | yes |
| * Dean’s Signature |  |
| Evidence of consultation with affected departments  List of the programs that use this course as required or elective, and courses that use this as a prerequisite. | N/A |
| Documentation of Advisory Commission views (if applicable). | N/A |
| Completed [Chancellor’s Report Form](http://openlab.citytech.cuny.edu/collegecouncil/files/2014/08/2013-10-09-Chancellor_Report_Quick_Reference_Guide1.doc). | yes |

**EXISTING PROGRAM MODIFICATION PROPOSALS**

|  |  |
| --- | --- |
| Documentation indicating core curriculum requirements have been met for new programs/options or program changes. |  |
| Detailed rationale for each modification (this includes minor modifications) |  |

**Chancellor’s Report:**

**RESD 2411 Complete Dentures and Maxillofacial Concepts**

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** |  | **To:** |  |
| **Prerequisite:** | ~~Completion of all third level courses~~ | **Prerequisite:** | RESD 1211 |
| **Corequisites:** | ~~N/A~~ | **Corequisites:** |  |
| **Pre- or corequisites:** | ~~N/A~~ | **Pre- or corequisites:** |  |

Rationale: This change identifies specific major courses that provide a foundation for successful completion of the course. It will also better align prerequisites for listing in CUNYfirst.

New York City College of Technology, CUNY

CURRICULUM MODIFICATION PROPOSAL FORM

This form is used for all curriculum modification proposals. See the [Proposal Classification Chart](http://openlab.citytech.cuny.edu/collegecouncil/files/2014/08/2013-10-09-Proposal_Classification_Chart.pdf) for information about what types of modifications are major or minor. Completed proposals should be emailed to the Curriculum Committee chair.

|  |  |
| --- | --- |
| **Title of Proposal** | **RESD 2413 Fixed Prosthodontics Practicum** |
| **Date** | **3/25/14** |
| **Major or Minor** | **Minor** |
| **Proposer’s Name** | **Anthony Sena** |
| **Department** | **Restorative Dentistry** |
| **Date of Departmental Meeting in which proposal was approved** | **4/2/2015** |
| **Department Chair Name** | **Anthony Sena** |
| **Department Chair Signature and Date** | **4/2/2015** |
| **Academic Dean Name** | **David B Smith** |
| **Academic Dean Signature and Date** | **4/2/2015** |
| **Brief Description of Proposal**  (Describe the modifications contained within this proposal in a succinct summary. More detailed content will be provided in the proposal body. | **Change RESD 2413 prerequisite to RESD 1212.** |
| **Brief Rationale for Proposal**  (Provide a concise summary of why this proposed change is important to the department. More detailed content will be provided in the proposal body). | **The current prerequisite for the course does not indicate any specific course. The proposed change will provide a specific course that provides the prior skills and knowledge needed to be success in this course** |
| **Proposal History**  (Please provide history of this proposal: is this a resubmission? An updated version? This may most easily be expressed as a list). | **This is a new proposal** |

Please include all appropriate documentation as indicated in the Curriculum Modification Checklist.

For each new course, please also complete the New Course Proposal and submit in this document.

Please submit this document as a single .doc or .rtf format. If some documents are unable to be converted to .doc, then please provide all documents archived into a single .zip file.

**ALL PROPOSAL CHECK LIST**

|  |  |
| --- | --- |
| Completed CURRICULUM MODIFICATION FORM including: |  |
| * Brief description of proposal | yes |
| * Rationale for proposal | yes |
| * Date of department meeting approving the modification | yes |
| * Chair’s Signature | yes |
| * Dean’s Signature |  |
| Evidence of consultation with affected departments  List of the programs that use this course as required or elective, and courses that use this as a prerequisite. | N/A |
| Documentation of Advisory Commission views (if applicable). | N/A |
| Completed [Chancellor’s Report Form](http://openlab.citytech.cuny.edu/collegecouncil/files/2014/08/2013-10-09-Chancellor_Report_Quick_Reference_Guide1.doc). | yes |

**EXISTING PROGRAM MODIFICATION PROPOSALS**

|  |  |
| --- | --- |
| Documentation indicating core curriculum requirements have been met for new programs/options or program changes. |  |
| Detailed rationale for each modification (this includes minor modifications) |  |

**Chancellor’s Report:**

**RESD 2413 Fixed Prosthodontic Practicum**

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** |  | **To:** |  |
| **Prerequisite:** | ~~Completion of all third level courses~~ | **Prerequisite:** | RESD 1212 |
| **Corequisites:** | ~~N/A~~ | **Corequisites:** |  |
| **Pre- or corequisites:** | ~~N/A~~ | **Pre- or corequisites:** |  |

Rationale: This change identifies specific major courses that provide a foundation for successful completion of the course. It will also better align prerequisites for listing in CUNYfirst.

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|  |  |
| --- | --- |
| **Title of Proposal** | **RESD 2414 Restorative Dental Ceramics Practicum** |
| **Date** | **3/25/14** |
| **Major or Minor** | **Minor** |
| **Proposer’s Name** | **Anthony Sena** |
| **Department** | **Restorative Dentistry** |
| **Date of Departmental Meeting in which proposal was approved** | **4/2/2015** |
| **Department Chair Name** | **Anthony Sena** |
| **Department Chair Signature and Date** | **4/2/2015** |
| **Academic Dean Name** | **David B Smith** |
| **Academic Dean Signature and Date** | **4/2/2015** |
| **Brief Description of Proposal**  (Describe the modifications contained within this proposal in a succinct summary. More detailed content will be provided in the proposal body. | **Change RESD 2414 prerequisite to RESD 2314.**  **Remove (spring only) from course description** |
| **Brief Rationale for Proposal**  (Provide a concise summary of why this proposed change is important to the department. More detailed content will be provided in the proposal body). | **The current prerequisite for the course does not indicate any specific course. The proposed change will provide a specific course that provides the prior skills and knowledge needed to be success in this course. The course has been offered in both Fall and Spring over the past several years.** |
| **Proposal History**  (Please provide history of this proposal: is this a resubmission? An updated version? This may most easily be expressed as a list). | **This is a new proposal** |

Please include all appropriate documentation as indicated in the Curriculum Modification Checklist.

For each new course, please also complete the New Course Proposal and submit in this document.

Please submit this document as a single .doc or .rtf format. If some documents are unable to be converted to .doc, then please provide all documents archived into a single .zip file.

**ALL PROPOSAL CHECK LIST**

|  |  |
| --- | --- |
| Completed CURRICULUM MODIFICATION FORM including: |  |
| * Brief description of proposal | yes |
| * Rationale for proposal | yes |
| * Date of department meeting approving the modification | yes |
| * Chair’s Signature | yes |
| * Dean’s Signature |  |
| Evidence of consultation with affected departments  List of the programs that use this course as required or elective, and courses that use this as a prerequisite. | N/A |
| Documentation of Advisory Commission views (if applicable). | N/A |
| Completed [Chancellor’s Report Form](http://openlab.citytech.cuny.edu/collegecouncil/files/2014/08/2013-10-09-Chancellor_Report_Quick_Reference_Guide1.doc). | yes |

**EXISTING PROGRAM MODIFICATION PROPOSALS**

|  |  |
| --- | --- |
| Documentation indicating core curriculum requirements have been met for new programs/options or program changes. |  |
| Detailed rationale for each modification (this includes minor modifications) |  |

**Chancellor’s Report:**

**RESD 2414 Restorative Dental Ceramics Practicum**

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** |  | **To:** |  |
|  | RESD 2414  Restorative Dental Ceramics Practicum  ~~(spring only)~~  1 cl hr, 6 lab hrs, 3 cr |  | RESD 2414  Restorative Dental Ceramics Practicum  1 cl hr, 6 lab hrs, 3 cr |
| **Prerequisite:** | ~~Completion of all third level courses~~ | **Prerequisite:** | RESD 2314 |
| **Corequisites:** | ~~N/A~~ | **Corequisites:** |  |
| **Pre- or corequisites:** | ~~N/A~~ | **Pre- or corequisites:** |  |

Rationale: This change identifies specific major courses that provide a foundation for successful completion of the course. It will also better align prerequisites for listing in CUNYfirst. This course has been offered both in the Fall and Spring semesters. Removal of (spring only) in the course description will allow students that plan to take the RESD 2314 course in the summer session to plan to take this course in the Fall semester.

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|  |  |
| --- | --- |
| **Title of Proposal** | **RESD 2415 Orthodontics** |
| **Date** | **3/25/14** |
| **Major or Minor** | **Minor** |
| **Proposer’s Name** | **Anthony Sena** |
| **Department** | **Restorative Dentistry** |
| **Date of Departmental Meeting in which proposal was approved** | **4/2/2015** |
| **Department Chair Name** | **Anthony Sena** |
| **Department Chair Signature and Date** | **4/2/2015** |
| **Academic Dean Name** | **David B Smith** |
| **Academic Dean Signature and Date** | **4/2/2015** |
| **Brief Description of Proposal**  (Describe the modifications contained within this proposal in a succinct summary. More detailed content will be provided in the proposal body. | **Change RESD 2415 prerequisite to RESD 2310.** |
| **Brief Rationale for Proposal**  (Provide a concise summary of why this proposed change is important to the department. More detailed content will be provided in the proposal body). | **The current prerequisite for the course does not indicate any specific course. The proposed change will provide a specific course that provides the prior skills and knowledge needed to be success in this course** |
| **Proposal History**  (Please provide history of this proposal: is this a resubmission? An updated version? This may most easily be expressed as a list). | **This is a new proposal** |

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Please submit this document as a single .doc or .rtf format. If some documents are unable to be converted to .doc, then please provide all documents archived into a single .zip file.

**ALL PROPOSAL CHECK LIST**

|  |  |
| --- | --- |
| Completed CURRICULUM MODIFICATION FORM including: |  |
| * Brief description of proposal | yes |
| * Rationale for proposal | yes |
| * Date of department meeting approving the modification | yes |
| * Chair’s Signature | yes |
| * Dean’s Signature |  |
| Evidence of consultation with affected departments  List of the programs that use this course as required or elective, and courses that use this as a prerequisite. | N/A |
| Documentation of Advisory Commission views (if applicable). | N/A |
| Completed [Chancellor’s Report Form](http://openlab.citytech.cuny.edu/collegecouncil/files/2014/08/2013-10-09-Chancellor_Report_Quick_Reference_Guide1.doc). | yes |

**EXISTING PROGRAM MODIFICATION PROPOSALS**

|  |  |
| --- | --- |
| Documentation indicating core curriculum requirements have been met for new programs/options or program changes. |  |
| Detailed rationale for each modification (this includes minor modifications) |  |

**Chancellor’s Report:**

**RESD 2415 Orthodontics**

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** |  | **To:** |  |
| **Prerequisite:** | ~~Completion of all third level courses~~ | **Prerequisite:** | RESD 2310 |
| **Corequisites:** | ~~N/A~~ | **Corequisites:** |  |
| **Pre- or corequisites:** | ~~N/A~~ | **Pre- or corequisites:** |  |

Rationale: This change identifies specific major courses that provide a foundation for successful completion of the course. It will also better align prerequisites for listing in CUNYfirst.

1. Students must select *either* ENG 1121 OR SPE 1330 or higher. [↑](#footnote-ref-1)
2. 2 Students that take Mat 1190 will need to take an additional general education course to meet the required 20 credits in general education. This will increase the number of required credits for the degree by 2 credits

   3 Students who elect to take MAT 1275 but who lack the requisite math background will be required to take MAT 1175 in preparation. This will increase the number of required credits for the degree by 4 credits. [↑](#footnote-ref-2)