University of Hawai'i Code Request Form for Academic Programs

ADMISSION STOP-OUT OR TERMINATION OF PROGRAM CODE

CLEAR FORM

Form #CR-AP5 Modified June 2017

Date: 12/5/18 REQUESTOR CONTACT INFORMATION Campus Maui College, UH Debie Amby Name debie@hawaii.edu Banner/Curriculum Support Title Email Office/Dept VCAA 808-984-3378 Phone ADMISSION STOP-OUT ONLY OR |X | TERMINATION (PLEASE CHECK ONE) PROGRAM CODE FOR Program Code CO-DENT Program Description Dental Assisting MAU - Univ of Hawaii Maui College MAU - Univ of Hawaii Maui College Institution Campus College Instructional Allied Health - Dental Assisting Department UG - Undergraduate Level Are current students "grandfathered" under the program code? No Yes Should the old program code be available for use in Banner? Yes No Fall 2017 this program code will no longer be available to admit or recruit students. Effective Term (ie. Fall 2014) This will turn off the online application, recruitment (effects Banner forms SRASUMI and SRAQUIK) and admissions (effects Banner forms SAADCRV, SAAADMS, SAASUMI, SAAQUIK, and SAAQUAN) Banner modules. this program code will no longer be available to enroll or award degree to students. |Fall 2017 Effective Term (ie. Fall 2014) This will turn off the general student (effects Banner form SGASTDN) and academic history (effects Banner form SHADEGR) Banner modules. FOR ADMISSION STOP-OUT ONLY REQUEST **Effective** this program code will be reactivated and available to admit or recruit students. Term (ie. Fall 2014) This will turn on the online application, recruitment (effects Banner forms SRASUMI and SRAQUIK) and admissions (effects Banner forms SAADCRV, SAAADMS, SAASUMI, SAAQUIK, and SAAQUAN) Banner modules. Check here to leave ONLINE APPLICATION OFF ADDITIONAL COMMENTS All courses to complete the Certificate of Competence - Dental Assisting have been retired since Fall 2017.

IRAO USE ONLY: DATE RECEIVED

University of Hawai'i
Code Request Form for Academic Programs

Signature

ADMISSION STOP-OUT OR TERMINATION OF PROGRAM CODE

Signature

ATTACHMENTS Admission stop-out greater than 2 years; Termination of an Associate, Bachelor and Graduate Degrees, and sole credential certificates. Memo with President's Approval, with cc to Vice President for Academic Planning and Policy, regarding program action. Admission stop-out less than 2 years. Termination of a Certificates (eg. Certificate of Achievements, Certificates of Competence, Subject Certificates, Academic Subject Certificates) & Associate in Technical Studies (ATS) Degree. Memo from Chancellor to Vice President for Academic Planning and Policy regarding program action. **VERIFICATIONS** By signing below, I verify that I have reviewed and confirm the above information that is pertinent to my position. For Community Colleges, **Financial Aid Officer** Registrar (Print Name) verification of consultation with (Print Name) **OVPCC Academic Affairs:** Davileigh Naeole Flora Mora Della Teraoka

6/15/2021

Date

¹ "Admission stop-out" is defined as a halt to new admissions to a program. (Regent Policy 5.201)

UNIVERSITY OF HAWAII MAUI COLLEGE ROUTING FORM FOR PERSONNEL/TRAVEL/CONTRACT/PROJECT REVIEW AND APPROVAL

I.	Approval action for:	
	[] Personnel Action [] Out-of-State Travel [] Contract [] In-State Travel [X] Signature Request	[] Extramural Project Application Proposal No Cost Ext Advance Acct Rebudget
п.	Title/subject of request:	Advance Acctxcoudget
	Originated by: <u>Destri Fiesta</u> Comments: Approval for deletion of Dental Assisting Program	Date Forwarded:
III.	Where applicable, reviewed, revised, commented upon, and app	roved by:
•	[] ORS Staff	Date Received: Date Forwarded: Call extwhen signed
	[] RDP Coordinator	Date Received: Date Forwarded: Call extwhen signed
	[X] Department Chair/ Project Director: Comments: Anne Scharnborst	Date Received: 8/11/10 Date Forwarded: 8/10/10 Call extwhen signed
	[X] Vice Chancellor/ Principal Investigator: Comments: John McKee	Date Received: 812114 Date Forwarded: 815116 Call ext. 450 when signed
IV.	Budget and/or personnel requirements approved as to form:	
	[] Personnel Officer:Comments:	Date Received: Date Forwarded: Call extwhen signed
	[] Fiscal Officer: Comments: Cindy Yamamoto	Date Received: Date Forwarded: Call extwhen signed
	[] VC of Admin. Affairs: Comments:	Date Received: Date Forwarded: Call extwhen signed
V.	Chancellor review/approval: [X] Chancellor: Comments: Diffusion Hokoana	Date Received: 8/15/14 Date Forwarded: 8/16/16 Call ext. 450 when signed
VI.	[X] Return to originator for final disposition [] Special instruction upon Chancellor's approval:	
	PLEASE CALL ALLIED HEALTH TO PL	CK UP - X450



Kilo Hökü i ola koa i kai loa "Observe the stars in order to live long in strength on distant shores."

The UH Maui College Counseling Department provides services that assist students to realize their educational goals.

To: Anne Scharnhorst, John McKee, Lui Hokoana

From: Maggie Bruck, Rosie Vierra

RE: Dental Assistant Program/Course Deletion

Date: August 11, 2016

The purpose of this memo is to provide a bit of background regarding the deletion of the Dental Assistant (DA) program. Reasons are listed below:

DA program is no longer required for Dental Hygiene program

- DA Certificate has limited financial aid available to students and is prohibitive for further education
- DA program costs prohibitive to students who take 3 semesters of classes for employment which typically offers minimum wage
- DA certification not required by State of Hawai'i to practice
- DA applicant pool has low demand
- DA program costs to the college forced the college to reevaluate the effectiveness of course offerings

After we obtain your approval we will proceed with the required action through the AH Department and Curriculum Committee and on to Academic Senate. The curriculum deletion forms are attached for your review.

Please do not hesitate to contact us should additional clarification be required.

Mahalo for your kokua.

Curriculum Proposal Cover Sheet - Program/Degree/Certificate Routing procedure - Official Signatures on Signature Page

Program Name: Proposal Type: Addition Course Alpha & Number: Modification Author: Deletion Date of Activity: 16 Author Signature Curriculum Representative Signature 6 Department Chair Signature Curriculum Chair Signature Proposals Posted in Website for General Review 16 Academic Senate Chair Signature Chief Academic Officer Signature 12/22/16 Chancellor Signature NEW DEGREES ONLY! Chief Academic Officers Approval NEW DEGREES ONLY! Board of Regents Approval Signature Sheet Returned to Curriculum C hair Distribution, Posting and Follow-Up: Notify Proposers of Approval Banner & IRO Input Catalog Input Complete Articulation Forms Forwarded to Articulation Coordinator Five-Year Review Database Updated Originals Filed in Chief Academic Officer's Office Registrar & Counseling Notified

Curriculum Action Request (CAR) Form **DELETION** (Course/Certificate/Program/from Prog/Cert) University of Hawai'i Maui College

Curriculum Proposal #	2016.27
	(for CURCOM use only)

1. Author	Rosie Vierra/Maggie Bruck
2. Author's Department(s)	ALL HLTH BUS/HOSP CTE ENGLISH HUM SOC SCI STEM
3. Date Submitted to CURCOM.	
4. General Action?	Course Program
5. Specific Type of Deletion	Course Certificate from Prog/Cert Program Other
6. Reason for curriculum action.	Dental Assisting (DA) program no longer required for Dental Hygiene program. DA Certification has limited
7. Course Alpha	
Course Number	
Course Title	
Course Credit(s)	
Course Credit(s) 8. Is this course cross-listed?	○ Yes ○ No
8. Is this course cross-listed?	
8. Is this course cross-listed? If yes, please indicate course (Alpha, Number, Title)	O Yes O No
8. Is this course cross-listed? If yes, please indicate course (Alpha, Number, Title) 9. Revise current UHMC General Catalog page(s)	Yes No page 44,107-108.
8. Is this course cross-listed? If yes, please indicate course (Alpha, Number, Title) 9. Revise current UHMC General Catalog page(s) 10. Is this course a prereq for another course?	Yes No page 44,107-108.
8. Is this course cross-listed? If yes, please indicate course (Alpha, Number, Title) 9. Revise current UHMC General Catalog page(s) 10. Is this course a prereq for another course? If yes, please indicate course (Alpha, Number, Title)	Yes No page 44,107-108. Yes No
8. Is this course cross-listed? If yes, please indicate course (Alpha, Number, Title) 9. Revise current UHMC General Catalog page(s) 10. Is this course a prereq for another course? If yes, please indicate course (Alpha, Number, Title) 11. Is this course a coreq for another course?	Yes No page 44,107-108. Yes No
8. Is this course cross-listed? If yes, please indicate course (Alpha, Number, Title) 9. Revise current UHMC General Catalog page(s) 10. Is this course a prereq for another course? If yes, please indicate course (Alpha, Number, Title) 11. Is this course a coreq for another course? If yes, please indicate course (Alpha, Number, Title)	Yes No page 44,107-108. Yes No Yes No
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8. Is this course cross-listed? If yes, please indicate course (Alpha, Number, Title) 9. Revise current UHMC General Catalog page(s) 10. Is this course a prereq for another course? If yes, please indicate course (Alpha, Number, Title) 11. Is this course a coreq for another course? If yes, please indicate course (Alpha, Number, Title) 12. Is this course part of a program map or sequence? If yes, please indicate course (Alpha, Number, Title)	○ Yes ○ No page 44,107-108. ○ Yes ○ No ○ Yes ○ No ○ Yes ○ No

SIGNATURE PAGE	Curriculum Proposal #	
	(for CurCom use only)	
Curriculum Action	Course Deletion Certificate	
	from Prog/Cert Program	
	Other	
Course Alpha		
Course Number		
Course Title		
Men mbull		
Proposed by: Author or Program Coordinator Date		
24.	1 -1.	
Mary J Farmu Checked by: Academic Subject Area Representative to Cu	19/19/16	
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Requested by Department: Department Chair Date	116	
Requested by Department: Department Chair Date	f-al-	
- the Muso	12/19/16	
Recommended by Curriculum Chair Date		
Ah	12/20/16	
Approved by Academic Senate: Academic Senate Chair D	ate	
	12-22-16	
Endorsed by Chief Cademic Officer Date		
	12 12 2 111	

Approved by: Chancellor Date