

CLEAR FORM

Form #CR-AP5
Modified June 2017

Date: 12/5/18

REQUESTOR CONTACT INFORMATION

Name Debie Amby
Title Banner/Curriculum Support
Office/Dept VCAA

Campus Maui College, UH
Email debie@hawaii.edu
Phone 808-984-3378

PROGRAM CODE FOR ADMISSION STOP-OUT ONLY OR TERMINATION (PLEASE CHECK ONE)

Program Code CO-DENT
Institution MAU - Univ of Hawaii Maui College
College Instructional
Level UG - Undergraduate

Program Description Dental Assisting
Campus MAU - Univ of Hawaii Maui College
Department Allied Health - Dental Assisting

Are current students "grandfathered" under the program code?

Yes No

Should the old program code be available for use in Banner?

Yes No

Effective Fall 2017, this program code will no longer be available to admit or recruit students.

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.

Effective Fall 2017, this program code will no longer be available to enroll or award degree to students.

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

ATTACHMENTS

Admission stop-out¹ 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-out¹ 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.

Registrar
(Print Name)

Flora Mora



Signature

11/15/19

Date

Financial Aid Officer
(Print Name)

Davileigh Naeole



Signature

11/15/19

Date

For Community Colleges,
verification of consultation with
OVPCC Academic Affairs:

Della Teraoka



Signature

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

Kilo Haku 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: DENTAL ASSISTANT 6
or
Course Alpha & Number: _____
Author: ROSIE VICERRA

Proposal Type:	
<input type="checkbox"/>	Addition
<input type="checkbox"/>	Modification
<input checked="" type="checkbox"/>	Deletion

Date of Activity:

10/10/16 Author Signature

12/19/16 Curriculum Representative Signature

12/20/16 Department Chair Signature

12/19/16 Curriculum Chair Signature

_____ Proposals Posted in Website for General Review

12/20/16 Academic Senate Chair Signature

12/22/16 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 Chair

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

1. Author

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.

7. Course Alpha
Course Number
Course Title
Course Credit(s)

8. Is this course cross-listed? Yes No
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
If yes, please indicate course (Alpha, Number, Title)

11. Is this course a coreq for another course? Yes No
If yes, please indicate course (Alpha, Number, Title)

12. Is this course part of a program map or sequence? Yes No
If yes, please indicate course (Alpha, Number, Title)

13. Is this course part of a certificate or degree? Yes No
If yes, please indicate course (Alpha, Number, Title)

14. If YES for 8-12 above, CAR forms included? 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

M. Farmer MBNU

Proposed by: Author or Program Coordinator Date

Mary G Farmer 12/19/16

Checked by: Academic Subject Area Representative to Curriculum Committee Date

Scott 12/20/16

Requested by Department: Department Chair Date

Jan M... 12/19/16

Recommended by: Curriculum Chair Date

[Signature] 12/20/16

Approved by Academic Senate: Academic Senate Chair Date

12-22-16

Endorsed by: Chief Academic Officer Date

[Signature] 12/22/16

Approved by: Chancellor Date