NEW COURSE PROPOSAL

Please use this form to add a new course. 

**Note:** All changes will become effective the following fall semester, if approved by Academic Affairs on Undergraduate Studies (AACU) or Academic Affairs on Graduate Studies (AACG) by the **December** meeting.

Before you proceed, please review the [approval process](#) in advance and leave time for each involved person or committee to review the proposal.

**DATE:** 2.14.19  
**DEPARTMENT/SCHOOL:** MSCN Dugoni School of Dentistry

**CONTACT PERSON & PHONE/EMAIL:**

<table>
<thead>
<tr>
<th>New Courses: Please complete <strong>this entire</strong> form (items 1-19)</th>
</tr>
</thead>
</table>

1. **New Course:**

<table>
<thead>
<tr>
<th>Proposed Course Subject and #</th>
<th>NUTR XXX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Supervised Clinical Practice Experience I</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>Second semester standing in the MSCN program</td>
</tr>
<tr>
<td>Units</td>
<td>9</td>
</tr>
</tbody>
</table>

Rationale for new course:  
Required course in MSCN curriculum

*For approval of new course numbers: Send the request to this email: registrar@pacific.edu. The request needs to include the department, the course title, and a suggested discipline & number. Please attach the email approving the new course number to this proposal.*

2. Please attach syllabus with all required elements, including course learning outcomes and the program learning outcomes to which these map (See full list of [Syllabus requirements](#)).

3. Please provide the copy as it is to appear in the catalog and online. This includes the course description, specific prerequisites, co-requisites, lab/discussion and any restrictions on registration (e.g., majors only). Note: Unless indicated here, a passing grade for a prerequisite course is considered a “C.”

**Insert Catalog Copy:** Beginning with simulation exercises and completion of the students’ second OSCE, students will complete their first acute care and ambulatory care experiences. Under supervision of an RDN preceptor, student will be assigned patients across the lifespan. For each patient assigned, they will apply the Nutrition Care Process, starting with assessment and nutrition focused physical examination, diagnosis, intervention and monitoring planning and counseling as appropriate. A 1-2 week IPE experience and two weeks of food service systems management (including budget preparation, inventory and staffing protocols and quality improvement projects) in the acute care setting are also integrated into this SCPE. Patients typically assigned include those with endocrine, renal, cardiometabolic and gastrointestinal disorders.

---

New Course Proposal, Page 1 of 5  
Oct. 2018 (Updated Sign Page)
RELATIONSHIP TO OTHER COURSES

4. Is this course **cross-listed** with others?
   ☒ No ☐ Yes If yes, which courses?

<table>
<thead>
<tr>
<th>Subject/Course #</th>
<th>Title</th>
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</tbody>
</table>

5. Course Similarities
   a. Is this course similar in content to course(s) in another school or department?
      ☒ No ☐ Yes If yes, which course(s)?

      | Subject/Course # | Title |
      |------------------|-------|
      |                  |       |
      |                  |       |
      |                  |       |

   b. If yes, how is this course distinctive?

6. Will other courses be deleted as a result of this proposal when this course is created?
   ☒ No ☐ Yes If yes, please complete a [course deletion](#) form.

7. Anticipated additional resources: Explain: New Program SIF proposal submitted to IPC
   ☒ Faculty ☐ Technology
   ☐ Funds ☐ Computer Lab**
   ☐ Facilities ☐ Software**
   ☐ Library* ☐ Other ____________

* The signature of the Dean of the Library is applicable.
** The signature of the Chief Information Officer is applicable.
DEGREE AUDIT INFORMATION

8. Does this course satisfy undergraduate General Education requirements?  
   *GE approval required prior to submission to Academic Affairs*  
   X No ☐ Yes If yes, what area does it satisfy: ☐ IA ☐ IB ☐ IC  
   ☐ IIA ☐ IIB ☐ IIC ☐ IIIA ☐ IIIB ☐ IIIC

9. Does this course satisfy the Undergraduate Diversity Curriculum Requirements?  
   *Diversity Committee approval required prior to submission to Academic Affairs*  
   X No ☐ Yes

10. To which of the following undergraduate core competencies does this course map? The course must have at least one significant graded assignment per competency selected.  
    ☐ Critical Thinking ☐ Written Communication  
    ☐ Oral Communication ☐ Information Literacy  
    ☐ Quantitative Reasoning

11. Was this course ever offered under a Special Topics number?  
    X No ☐ Yes If yes, provide info below.

    | Special Topics Subject/Course # | Last year taught | Course Title |
    |-------------------------------|------------------|--------------|
    |                               |                  |              |
    |                               |                  |              |

12. Will this course fulfill a major requirement for your program?  
    ☐ No X Yes If yes, then what area/requirement does it fulfill?  
    ☐ Upper Division Elective ☐ Other_________________________  
    ☐ Lower Division elective

13. Does this course fulfill an undergraduate minor requirement for your program?  
    X No ☐ Yes If yes, then what area/requirement does it fulfill?  
    ☐ Upper Division Elective ☐ Core Major  
    ☐ Lower Division elective ☐ Other_________________________
REGISTRATION INFORMATION

14. Units: _____9____ (if units can be variable, please indicate)
a. Maximum # of times that can be taken for credit ___1__: for a maximum of _____9_____ units for credit.

15. Does this course meet Pacific’s credit unit policy? Please describe below.
   Yes this course provides 400 hours of experiential learning and weekly debriefing conferences (4 hours)

16. Grading options available to students who enroll (check all that apply):
   ☒ Letter (A-F)  ☐ Pass/No Credit  ☐ Audit

17. Schedule Type for Courses (check all that apply):
   ☐ Lecture  ☐ Thesis  ☐ On-line  ☐ Other
   ☐ Lab  ☐ Doctoral Project  ☐ Activity Course
   ☐ Discussion  X Internship, Co-op, Fieldwork  ☐ Practicum
   ☐ Seminar  ☐ Applied Music  ☐ Blended
   ☐ Research/independent Study  ☐ Studio Instruction

18. Maximum Enrollment: 50____

19. Is a special fee to be charged?
   ☒ No  ☐ Yes
   If yes, list the charge and fee code: ____________
   ☐ Per unit  or  ☐ Flat fee
   For new fee code: Course Fee Request Form
NEW COURSE PROPOSAL

DATE: ____________________________
DEPARTMENT/SCHOOL: ____________________________
CONTACT PERSON & PHONE/EMAIL: ____________________________
COURSE NUMBER: ____________________________

Please obtain signatures in the order they appear below, as applicable.

1. CHAIR(S) OF ALL INVOLVED DEPARTMENT(S): (if applicable)
   ____________________________________________ DATE: __________

2. CHAIR(S), SCHOOL/COLLEGE CURRICULUM COMMITTEE(S):
   ____________________________________________ DATE: __________

3. DEANS OF ALL INVOLVED SCHOOLS/COLLEGE:
   ____________________________________________ DATE: __________

4. CHAIR OF GENERAL EDUCATION COMMITTEE: (if applicable)
   ____________________________________________ DATE: __________

5. UNIVERSITY LIBRARIAN: (if applicable)
   ____________________________________________ DATE: __________

6. CHIEF INFORMATION OFFICER: (if applicable)
   ____________________________________________ DATE: __________

7. DIVERSITY CURRICULUM COMMITTEE: (if applicable)
   ____________________________________________ DATE: __________

8. REGISTRAR:
   ____________________________________________ DATE: __________

9. CHAIR OF ACADEMIC AFFAIRS COMMITTEE ON UNDERGRADUATE OR GRADUATE
   STUDIES: (as applicable)
   ____________________________________________ DATE: __________
NEW COURSE PROPOSAL

Please use this form to add a new course.
Note: All changes will become effective the following fall semester, if approved by Academic Affairs on Undergraduate Studies (AACU) or Academic Affairs on Graduate Studies (AACG) by the December meeting.

Before you proceed, please review the approval process in advance and leave time for each involved person or committee to review the proposal.

DATE: 2.14.19
DEPARTMENT/SCHOOL: MSCN Dugoni School of Dentistry
CONTACT PERSON & PHONE/EMAIL:

New Courses: Please complete this entire form (items 1-19)

1. New Course:

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<tr>
<th>Proposed Course Subject and #</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Supervised Clinical Practice Experience II</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>Third semester standing in the MSCN program</td>
</tr>
<tr>
<td>Units</td>
<td>9</td>
</tr>
</tbody>
</table>

Rationale for new course:
Required course in MSCN curriculum

For approval of new course numbers: Send the request to this email: registrar@pacific.edu. The request needs to include the department, the course title, and a suggested discipline & number. Please attach the email approving the new course number to this proposal.

2. Please attach syllabus with all required elements, including course learning outcomes and the program learning outcomes to which these map (See full list of Syllabus requirements).

3. Please provide the copy as it is to appear in the catalog and online. This includes the course description, specific prerequisites, co-requisites, lab/discussion and any restrictions on registration (e.g., majors only). Note: Unless indicated here, a passing grade for a prerequisite course is considered a “C.”

Insert Catalog Copy: Under supervision of an RDN preceptor, student will be assigned patients across the lifespan in increasing numbers beyond SCPE I. For each patient assigned, they will apply the Nutrition Care Process, starting with assessment and nutrition focused physical examination, diagnosis, intervention and monitoring planning and counseling as appropriate. During the medicine-surgery part of the rotation, students will be assigned patients with diseases/conditions of greater complexity than SCPE I and patients post gastrointestinal, cardiac, oncology and neurosurgery and other conditions as appropriate. The other components of this SCPE may be completed in rehabilitation and long-term care for geriatrics and ambulatory and acute and rehabilitation care for pediatrics working with infants, children and adolescents. The Wellness weeks can be in supermarkets, health fairs and interprofessional settings.

New Course Proposal, Page 1 of 5
Oct. 2018 (Updated Sign Page)
RELATIONSHIP TO OTHER COURSES

4. Is this course cross-listed with others?
   X No ☐ Yes If yes, which courses?

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5. Course Similarities
   a. Is this course similar in content to course(s) in another school or department?
      X No ☐ Yes If yes, which course(s)?

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   b. If yes, how is this course distinctive?

6. Will other courses be deleted as a result of this proposal when this course is created?
   X No ☐ Yes If yes, please complete a course deletion form.

7. Anticipated additional resources: Explain: New Program SIF proposal submitted to IPC
   ☒ Faculty ☐ Technology
   ☐ Funds ☐ Computer Lab**
   ☐ Facilities ☐ Software**
   ☐ Library* ☐ Other ____________

   * The signature of the Dean of the Library is applicable.
   ** The signature of the Chief Information Officer is applicable.
DEGREE AUDIT INFORMATION

8. Does this course satisfy undergraduate General Education requirements?
   *GE approval required prior to submission to Academic Affairs*
   X No ☐ Yes If yes, what area does it satisfy:
   □ IA □ IB □ IC
   □ IIA □ IIB □ IIC
   □ IIIA □ IIIB □ IIIC

9. Does this course satisfy the Undergraduate Diversity Curriculum Requirements?
   *Diversity Committee approval required prior to submission to Academic Affairs*
   X No ☐ Yes

10. To which of the following undergraduate core competencies does this course map? The course must have at least one significant graded assignment per competency selected.

   □ Critical Thinking □ Written Communication
   □ Oral Communication □ Information Literacy
   □ Quantitative Reasoning

11. Was this course ever offered under a Special Topics number?
    X No ☐ Yes If yes, provide info below.

    | Special Topics Subject/Course # | Last year taught | Course Title |
    |-------------------------------|------------------|--------------|
    |                               |                  |              |
    |                               |                  |              |

12. Will this course fulfill a major requirement for your program?
    □ No X Yes If yes, then what area/requirement does it fulfill?
    □ Upper Division Elective  □ Core Major
    □ Lower Division elective  □ Other__________________

13. Does this course fulfill an undergraduate minor requirement for your program?
    X No ☐ Yes If yes, then what area/requirement does it fulfill?
    □ Upper Division Elective  □ Core Major
    □ Lower Division elective  □ Other__________________
REGISTRATION INFORMATION

14. Units: ___9____ (if units can be variable, please indicate)
   a. Maximum # of times that can be taken for credit ___1___: for a maximum of ___9__ units for credit.

15. Does this course meet Pacific’s credit unit policy? Please describe below.
    Yes, this course requires 400 hours of experiential learning and a weekly debriefing conferences during the semester.

16. Grading options available to students who enroll (check all that apply):
    X Letter (A-F)  ☐ Pass/No Credit  ☐ Audit

17. Schedule Type for Courses (check all that apply):
    ☐ Lecture  ☐ Thesis  ☐ On-line  ☐ Other
    ☐ Lab  ☐ Doctoral Project  ☐ Activity Course
    ☐ Discussion  X Internship, Co-op, Fieldwork  ☐ Practicum
    ☐ Seminar  ☐ Applied Music  ☐ Blended
    ☐ Research/independent Study  ☐ Studio Instruction

18. Maximum Enrollment: 50

19. Is a special fee to be charged?
    X No  ☐ Yes
    If yes, list the charge and fee code: _____________
    ☐ Per unit  or  ☐ Flat fee
    For new fee code: Course Fee Request Form
# NEW COURSE PROPOSAL

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<tbody>
<tr>
<td>DEPARTMENT/SCHOOL:</td>
</tr>
<tr>
<td>CONTACT PERSON &amp; PHONE/EMAIL:</td>
</tr>
<tr>
<td>COURSE NUMBER:</td>
</tr>
</tbody>
</table>

Please obtain signatures in the order they appear below, as applicable.

1. **CHAIR(S) OF ALL INVOLVED DEPARTMENT(S):** (if applicable)  
   ___________________________  DATE: __________

2. **CHAIR(S), SCHOOL/COLLEGE CURRICULUM COMMITTEE(S):**  
   ___________________________  DATE: __________

3. **DEANS OF ALL INVOLVED SCHOOLS/COLLEGE:**  
   ___________________________  DATE: __________

4. **CHAIR OF GENERAL EDUCATION COMMITTEE:** (if applicable)  
   ___________________________  DATE: __________

5. **UNIVERSITY LIBRARIAN:** (if applicable)  
   ___________________________  DATE: __________

6. **CHIEF INFORMATION OFFICER:** (if applicable)  
   ___________________________  DATE: __________

7. **DIVERSITY CURRICULUM COMMITTEE:** (if applicable)  
   ___________________________  DATE: __________

8. **REGISTRAR:**  
   ___________________________  DATE: __________

9. **CHAIR OF ACADEMIC AFFAIRS COMMITTEE ON UNDERGRADUATE OR GRADUATE STUDIES:** (as applicable)  
   ___________________________  DATE: __________
NEW COURSE PROPOSAL

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DATE: 2.14.19
DEPARTMENT/SCHOOL: MSCN Dugoni School of Dentistry
CONTACT PERSON & PHONE/EMAIL:

New Courses: Please complete this entire form (items 1-19)

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<table>
<thead>
<tr>
<th>Proposed Course Subject and #</th>
<th>NUTR XXX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Supervised Clinical Practice Experience III</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>Fourth semester standing</td>
</tr>
<tr>
<td>Units</td>
<td>9</td>
</tr>
</tbody>
</table>

Rationale for new course:
Required course in MSCN curriculum

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2. Please attach syllabus with all required elements, including course learning outcomes and the program learning outcomes to which these map (See full list of Syllabus requirements).

3. Please provide the copy as it is to appear in the catalog and online. This includes the course description, specific prerequisites, co-requisites, lab/discussion and any restrictions on registration (e.g., majors only). Note: Unless indicated here, a passing grade for a prerequisite course is considered a “C.”

Insert Catalog Copy: Under supervision of an RDN preceptor, student will be assigned patients across the lifespan in increasing numbers beyond SCPE I and II. For each patient assigned, they will apply the Nutrition Care Process, starting with assessment and nutrition focused physical examination, diagnosis, intervention and monitoring planning and counseling as appropriate. This is a more advanced SCPE wherein students may be assigned to various critical care units (surgery, medicine, adults, pediatrics). The dialysis week may be completed in a dialysis free standing or hospital unit. The 4 weeks of staff relief will be typically completed in the site wherein the student did the majority of their clinical SCPEs include medicine, surgery and critical care exposure.
RELATIONSHIP TO OTHER COURSES

4. Is this course cross-listed with others?
   X No ☐ Yes If yes, which courses?
   Subject/Course # | Title
   Subject/Course # | Title
   Subject/Course # | Title

5. Course Similarities
   a. Is this course similar in content to course(s) in another school or department?
      X No ☐ Yes If yes, which course(s)?
      Subject/Course # | Title
      Subject/Course # | Title
      Subject/Course # | Title
      b. If yes, how is this course distinctive?

6. Will other courses be deleted as a result of this proposal when this course is created?
   X No ☐ Yes If yes, please complete a course deletion form.

7. Anticipated additional resources: Explain: New Program SIF proposal submitted to IPC
   ☒Faculty ☐Technology
   ☐Funds ☐Computer Lab**
   ☐Facilities ☐Software**
   ☐Library* ☐Other ____________

* The signature of the Dean of the Library is applicable.
** The signature of the Chief Information Officer is applicable.
DEGREE AUDIT INFORMATION

8. Does this course satisfy undergraduate General Education requirements?
   *GE approval required prior to submission to Academic Affairs*
   x No  ☐ Yes If yes, what area does it satisfy:
   □IA  □IB  □IC
   □IIA □ IIB □IIC
   □III A □III B □III C

9. Does this course satisfy the Undergraduate Diversity Curriculum Requirements?
   *Diversity Committee approval required prior to submission to Academic Affairs*
   X No  ☐ Yes

10. To which of the following undergraduate core competencies does this course map? The course must have at least one significant graded assignment per competency selected.
    □Critical Thinking  ☐ Written Communication
    □Oral Communication   □Information Literacy
    □Quantitative Reasoning

11. Was this course ever offered under a Special Topics number?
    X No  ☐ Yes If yes, provide info below.

<table>
<thead>
<tr>
<th>Special Topics Subject/Course #</th>
<th>Last year taught</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

12. Will this course fulfill a major requirement for your program?
    ☐ No X Yes If yes, then what area/requirement does it fulfill?
    □Upper Division Elective  ☐ X Core Major
    □Lower Division elective  □Other____________________

13. Does this course fulfill an undergraduate minor requirement for your program?
    X No  ☐ Yes If yes, then what area/requirement does it fulfill?
    □Upper Division Elective  ☐Core Major
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REGISTRATION INFORMATION

14. Units: _____9____ (if units can be variable, please indicate)
   a. Maximum # of times that can be taken for credit _____1___: for a maximum of _____9__ units for credit.

15. Does this course meet Pacific’s credit unit policy? Please describe below.
    Yes this course contains 400 hours of experiential learning and weekly debriefing conferences

16. Grading options available to students who enroll (check all that apply):
    X Letter (A-F)    ☐ Pass/No Credit    ☐ Audit

17. Schedule Type for Courses (check all that apply):
    ☐ Lecture    ☐ Thesis    ☐ On-line    ☐ Other
    ☐ Lab    ☐ Doctoral Project    ☐ Activity Course
    ☐ Discussion    X Internship, Co-op, Fieldwork    ☐ Practicum
    ☐ Seminar    ☐ Applied Music    ☐ Blended
    ☐ Research/independent Study    ☐ Studio Instruction

18. Maximum Enrollment: 50____

19. Is a special fee to be charged?
   X No  ☐ Yes
   If yes, list the charge and fee code: ________________
   ☐ Per unit    or    ☐ Flat fee
   For new fee code: Course Fee Request Form
NEW COURSE PROPOSAL

DATE: ________________________
DEPARTMENT/SCHOOL: ________________________
CONTACT PERSON & PHONE/EMAIL: ________________________
COURSE NUMBER: ________________________

Please obtain signatures in the order they appear below, as applicable.

1. CHAIR(S) OF ALL INVOLVED DEPARTMENT(S): (if applicable)
   ________________________ ________________________ DATE: __________

2. CHAIR(S), SCHOOL/COLLEGE CURRICULUM COMMITTEE(S):
   ________________________ ________________________ DATE: __________

3. DEANS OF ALL INVOLVED SCHOOLS/COLLEGE:
   ________________________ ________________________ DATE: __________

4. CHAIR OF GENERAL EDUCATION COMMITTEE: (if applicable)
   ________________________ ________________________ DATE: __________

5. UNIVERSITY LIBRARIAN: (if applicable)
   ________________________ ________________________ DATE: __________

6. CHIEF INFORMATION OFFICER: (if applicable)
   ________________________ ________________________ DATE: __________

7. DIVERSITY CURRICULUM COMMITTEE: (if applicable)
   ________________________ ________________________ DATE: __________

8. REGISTRAR:
   ________________________ ________________________ DATE: __________

9. CHAIR OF ACADEMIC AFFAIRS COMMITTEE ON UNDERGRADUATE OR GRADUATE
   STUDIES: (as applicable)
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NEW COURSE PROPOSAL

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DATE: 2.14.19
DEPARTMENT/SCHOOL: MSCN Dugoni School of Dentistry
CONTACT PERSON & PHONE/EMAIL:

New Courses: Please complete this entire form (items 1-19)

1. New Course:

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<th>Proposed Course Subject and #</th>
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</thead>
<tbody>
<tr>
<td>Title</td>
<td>Pharmacology and Therapeutics</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>First semester standing in the MSCN program</td>
</tr>
<tr>
<td>Units</td>
<td>3</td>
</tr>
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3. Rationale for new course:
Required course in MSCN curriculum

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2. Please attach syllabus with all required elements, including course learning outcomes and the program learning outcomes to which these map (See full list of Syllabus requirements).

3. Please provide the copy as it is to appear in the catalog and online. This includes the course description, specific prerequisites, co-requisites, lab/discussion and any restrictions on registration (e.g., majors only). Note: Unless indicated here, a passing grade for a prerequisite course is considered a “C.”

Insert Catalog Copy:
General clinical therapeutic principles, pharmacokinetics, pharmacodynamics and pharmacotherapeutic applications using an organ system approach for major diseases are covered. Topics will address including but not limited to diabetes, cardiovascular disease, chronic kidney disease, chronic liver disease and cancer chemotherapies. Drug classifications, dietary supplements and alternative medicine therapies, common over the counter therapies are addressed. Students learn how to apply evidence based pharmacological databases to identify potential medication and drug-food, drug-dietary supplement interactions.
RELATIONSHIP TO OTHER COURSES

4. Is this course **cross-listed** with others?
   X No ☐ Yes      If yes, which courses?

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   b. If yes, how is this course distinctive?

6. Will other courses be deleted as a result of this proposal when this course is created?
   X No ☐ Yes      If yes, please complete a course deletion form.

7. Anticipated additional resources:   Explain: New Program SIF proposal submitted to IPC
   ☒ Faculty       ☐ Technology
   ☐ Funds         ☐ Computer Lab**
   ☐ Facilities    ☐ Software**
   ☐ Library*      ☐ Other ____________

* The signature of the Dean of the Library is applicable.
** The signature of the Chief Information Officer is applicable.
DEGREE AUDIT INFORMATION

8. Does this course satisfy undergraduate General Education requirements?
   *GE approval required prior to submission to Academic Affairs*
   X No □ Yes If yes, what area does it satisfy:
   □IA □IB □IC
   □IIA □IIB □IIC
   □IIIA □IIIB □IIIC

9. Does this course satisfy the Undergraduate Diversity Curriculum Requirements?
   *Diversity Committee approval required prior to submission to Academic Affairs*
   X No □ Yes

10. To which of the following undergraduate core competencies does this course map? The course must have at least one significant graded assignment per competency selected.

    □Critical Thinking □Written Communication
    □Oral Communication □Information Literacy
    □Quantitative Reasoning

11. Was this course ever offered under a Special Topics number?
    X No □ Yes If yes, provide info below.

    | Special Topics Subject/Course # | Last year taught | Course Title |
    |-------------------------------|-----------------|-------------|
    |                               |                 |             |
    |                               |                 |             |

12. Will this course fulfill a major requirement for your program?
    □ No X Yes If yes, then what area/requirement does it fulfill?
    □Upper Division Elective X Core Major
    □Lower Division elective □Other__________________

13. Does this course fulfill an undergraduate minor requirement for your program?
    X No □ Yes If yes, then what area/requirement does it fulfill?
    □Upper Division Elective □Core Major
    □Lower Division elective □Other__________________
REGISTRATION INFORMATION

14. Units: _____3_____ (if units can be variable, please indicate)
   a. Maximum # of times that can be taken for credit ___1__: for a maximum of ___3__ units for credit.

15. Does this course meet Pacific’s credit unit policy? Please describe below.
   Yes this course will meet 45 hours during the semester

16. Grading options available to students who enroll (check all that apply):
   X Letter (A-F)    ☐Pass/No Credit    ☐Audit

17. Schedule Type for Courses (check all that apply):
   X Lecture        ☐Thesis              ☐On-line            ☐Other
   ☐Lab             ☐Doctoral Project    ☐Activity Course
   ☐Discussion      ☐Internship, Co-op, Fieldwork ☐Practicum
   ☐Seminar         ☐Applied Music       ☐Blended
   ☐Research/independent Study ☐Studio Instruction

18. Maximum Enrollment: 50_____

19. Is a special fee to be charged?
   X No ☐Yes
   If yes, list the charge and fee code: _____________
   ☐Per unit    or    ☐Flat fee

For new fee code: Course Fee Request Form
NEW COURSE PROPOSAL

DATE:
DEPARTMENT/SCHOOL:
CONTACT PERSON & PHONE/EMAIL:
COURSE NUMBER:

Please obtain signatures in the order they appear below, as applicable.

1. CHAIR(S) OF ALL INVOLVED DEPARTMENT(S): (if applicable)
   ________________________ ________________________ DATE: __________

2. CHAIR(S), SCHOOL/COLLEGE CURRICULUM COMMITTEE(S):
   ________________________ ________________________ DATE: __________

3. DEANS OF ALL INVOLVED SCHOOLS/COLLEGE:
   ________________________ ________________________ DATE: __________

4. CHAIR OF GENERAL EDUCATION COMMITTEE: (if applicable)
   ________________________ ________________________ DATE: __________

5. UNIVERSITY LIBRARIAN: (if applicable)
   ________________________ ________________________ DATE: __________

6. CHIEF INFORMATION OFFICER: (if applicable)
   ________________________ ________________________ DATE: __________

7. DIVERSITY CURRICULUM COMMITTEE: (if applicable)
   ________________________ ________________________ DATE: __________

8. REGISTRAR:
   ________________________ ________________________ DATE: __________

9. CHAIR OF ACADEMIC AFFAIRS COMMITTEE ON UNDERGRADUATE OR GRADUATE
   STUDIES: (as applicable)
   ________________________ ________________________ DATE: __________
NEW COURSE PROPOSAL

Please use this form to add a new course.

Note: All changes will become effective the following fall semester, if approved by Academic Affairs on Undergraduate Studies (AACU) or Academic Affairs on Graduate Studies (AAGC) by the December meeting.

Before you proceed, please review the approval process in advance and leave time for each involved person or committee to review the proposal.

DATE: 2.14.19
DEPARTMENT/SCHOOL: MSCN Dugoni School of Dentistry
CONTACT PERSON & PHONE/EMAIL:

New Courses: Please complete this entire form (items 1-19)

1. New Course:

<table>
<thead>
<tr>
<th>Proposed Course Subject and #</th>
<th>NUTR XXX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Health Care and Food Management Services</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>Second semester standing in the MSCN program</td>
</tr>
<tr>
<td>Units</td>
<td>2</td>
</tr>
</tbody>
</table>

Rationale for new course:
Required course in MSCN curriculum

For approval of new course numbers: Send the request to this email: registrar@pacific.edu. The request needs to include the department, the course title, and a suggested discipline & number. Please attach the email approving the new course number to this proposal.

2. Please attach syllabus with all required elements, including course learning outcomes and the program learning outcomes to which these map (See full list of Syllabus requirements).

3. Please provide the copy as it is to appear in the catalog and online. This includes the course description, specific prerequisites, co-requisites, lab/discussion and any restrictions on registration (e.g., majors only). Note: Unless indicated here, a passing grade for a prerequisite course is considered a “C.”

Insert Catalog Copy:
Health systems management principles are covered with an emphasis on food systems principles and approaches to best practices in food service delivery in a variety of care settings. Food service systems contracts, budgeting for large and small operations, food chain supply delivery systems and impact of the environment on decision making are addressed. Food science principles relative to safe food practices and management of food borne illnesses are covered using a case-based approach.
RELATIONSHIP TO OTHER COURSES

4. Is this course cross-listed with others?
   X  No ☐ Yes  If yes, which courses?

<table>
<thead>
<tr>
<th>Subject/Course #</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Course Similarities
   a. Is this course similar in content to course(s) in another school or department?
   X  No ☐ Yes  If yes, which course(s)?

<table>
<thead>
<tr>
<th>Subject/Course #</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   b. If yes, how is this course distinctive?

6. Will other courses be deleted as a result of this proposal when this course is created?
   X  No ☐ Yes  If yes, please complete a course deletion form.

7. Anticipated additional resources: Explain: New Program SIF proposal submitted to IPC
   ☒ Faculty  ☐ Technology
   ☐ Funds  ☐ Computer Lab**
   ☐ Facilities  ☐ Software**
   ☐ Library*  ☐ Other ____________

* The signature of the Dean of the Library is applicable.
** The signature of the Chief Information Officer is applicable.
8. Does this course satisfy undergraduate General Education requirements?
   *GE approval required prior to submission to Academic Affairs*
   X No  ☐ Yes If yes, what area does it satisfy: ☐ IA  ☐ IB  ☐ IC
   ☐ IIA  ☐ IIB  ☐ IIC
   ☐ IIIA  ☐ IIIB  ☐ IIIC

9. Does this course satisfy the Undergraduate Diversity Curriculum Requirements?
   *Diversity Committee approval required prior to submission to Academic Affairs*
   X No  ☐ Yes

10. To which of the following undergraduate core competencies does this course map? The course must have at least one significant graded assignment per competency selected.

   ☐ Critical Thinking  ☐ Written Communication
   ☐ Oral Communication  ☐ Information Literacy
   ☐ Quantitative Reasoning

11. Was this course ever offered under a Special Topics number?
    X No  ☐ Yes If yes, provide info below.

    | Special Topics Subject/Course # | Last year taught | Course Title |
    |-------------------------------|------------------|--------------|
    |                               |                  |              |
    |                               |                  |              |

12. Will this course fulfill a major requirement for your program?
    ☐ No  X Yes If yes, then what area/requirement does it fulfill?

    ☐ Upper Division Elective  ☐ X Core Major
    ☐ Lower Division elective  ☐ Other____________________

13. Does this course fulfill an undergraduate minor requirement for your program?
    X No  ☐ Yes If yes, then what area/requirement does it fulfill?

    ☐ Upper Division Elective  ☐ Core Major
    ☐ Lower Division elective  ☐ Other____________________
REGISTRATION INFORMATION

14. Units: _____2______ (if units can be variable, please indicate)
   a. Maximum # of times that can be taken for credit _1___: for a maximum of __2__ units for credit.

15. Does this course meet Pacific’s credit unit policy? Please describe below.
   Yes this course meets for 30 hours during the course of the semester

16. Grading options available to students who enroll (check all that apply):
   X Letter (A-F) ☐ Pass/No Credit ☐ Audit

17. Schedule Type for Courses (check all that apply):
   X Lecture ☐ Thesis ☐ On-line ☐ Other
   ☐ Lab ☐ Doctoral Project ☐ Activity Course
   ☐ Discussion ☐ Internship, Co-op, Fieldwork ☐ Practicum
   ☐ Seminar ☐ Applied Music ☐ Blended
   ☐ Research/independent Study ☐ Studio Instruction

18. Maximum Enrollment: 50______

19. Is a special fee to be charged?
   X No ☐ Yes If yes, list the charge and fee code: _______________
   ☐ Per unit or ☐ Flat fee
   For new fee code: Course Fee Request Form
# New Course Proposal

**DATE:**  
**DEPARTMENT/SCHOOL:**  
**CONTACT PERSON & PHONE/EMAIL:**  
**COURSE NUMBER:**

---

Please obtain signatures in the order they appear below, as applicable.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1. | CHAIR(S) OF ALL INVOLVED DEPARTMENT(S): (if applicable)  
   | ____________________________________________________________________ | DATE: __________ |
| 2. | CHAIR(S), SCHOOL/COLLEGE CURRICULUM COMMITTEE(S):  
   | ____________________________________________________________________ | DATE: __________ |
| 3. | DEANS OF ALL INVOLVED SCHOOLS/COLLEGE:  
   | ____________________________________________________________________ | DATE: __________ |
| 4. | CHAIR OF GENERAL EDUCATION COMMITTEE: (if applicable)  
   | ____________________________________________________________________ | DATE: __________ |
| 5. | UNIVERSITY LIBRARIAN: (if applicable)  
   | ____________________________________________________________________ | DATE: __________ |
| 6. | CHIEF INFORMATION OFFICER: (if applicable)  
   | ____________________________________________________________________ | DATE: __________ |
| 7. | DIVERSITY CURRICULUM COMMITTEE: (if applicable)  
   | ____________________________________________________________________ | DATE: __________ |
| 8. | REGISTRAR:  
   | ____________________________________________________________________ | DATE: __________ |
| 9. | CHAIR OF ACADEMIC AFFAIRS COMMITTEE ON UNDERGRADUATE OR GRADUATE STUDIES: (as applicable)  
   | ____________________________________________________________________ | DATE: __________ |
NEW COURSE PROPOSAL

Please use this form to add a new course. 
Note: All changes will become effective the following fall semester, if approved by Academic Affairs on Undergraduate Studies (AACU) or Academic Affairs on Graduate Studies (AACG) by the December meeting.

Before you proceed, please review the approval process in advance and leave time for each involved person or committee to review the proposal.

DATE: 2.14.19
DEPARTMENT/SCHOOL: MSCN Dugoni School of Dentistry
CONTACT PERSON & PHONE/EMAIL:

New Courses: Please complete this entire form (items 1-19)

1. New Course:

<table>
<thead>
<tr>
<th>Proposed Course Subject and #</th>
<th>NUTR XXX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Nutrition Assessment, Physical Exam and Diagnosis</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>First semester standing in the MSCN program</td>
</tr>
<tr>
<td>Units</td>
<td>3</td>
</tr>
</tbody>
</table>

Rationale for new course:
Required course in MSCN curriculum

For approval of new course numbers: Send the request to this email: registrar@pacific.edu. The request needs to include the department, the course title, and a suggested discipline & number. Please attach the email approving the new course number to this proposal.

2. Please attach syllabus with all required elements, including course learning outcomes and the program learning outcomes to which these map (See full list of Syllabus requirements).

3. Please provide the copy as it is to appear in the catalog and online. This includes the course description, specific prerequisites, co-requisites, lab/discussion and any restrictions on registration (e.g., majors only). Note: Unless indicated here, a passing grade for a prerequisite course is considered a “C.”

Insert Catalog Copy: Nutrition screening and assessment across the lifespan in a variety of care settings will be addressed. Approaches to application of all components of the Academy of Nutrition and Dietetics’ Nutrition Care Process and Model will be covered from screening to all aspects of assessment, diagnosis, monitoring and evaluation using a case-based approach. Foundation knowledge and skills in nutrition focused physical examination will be taught and applied in OSCEs. Students will learn how to differentiate between medical and nutrition diagnoses and integration of all aspects of the patient’s diagnostic information in formulating nutrition diagnoses, interventions and referrals. This course prepares students for their supervised practice experiences and continued OSCEs in succeeding trimesters.
RELATIONSHIP TO OTHER COURSES

4. Is this course cross-listed with others?
   X No ☐ Yes If yes, which courses?

<table>
<thead>
<tr>
<th>Subject/Course #</th>
<th>Title</th>
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<td></td>
</tr>
</tbody>
</table>

5. Course Similarities
   a. Is this course similar in content to course(s) in another school or department?
      X No ☐ Yes If yes, which course(s)?

      | Subject/Course # | Title |
      |------------------|-------|
      |                  |       |
      |                  |       |
      |                  |       |

   b. If yes, how is this course distinctive?

6. Will other courses be deleted as a result of this proposal when this course is created?
   X No ☐ Yes If yes, please complete a course deletion form.

7. Anticipated additional resources:   Explain: New Program SIF proposal submitted to IPC
   ☒ Faculty ☐ Technology
   ☐ Funds ☐ Computer Lab**
   ☐ Facilities ☐ Software**
   ☐ Library* ☐ Other ____________

* The signature of the Dean of the Library is applicable.
** The signature of the Chief Information Officer is applicable.
DEGREE AUDIT INFORMATION

8. Does this course satisfy undergraduate General Education requirements?
*GE approval required prior to submission to Academic Affairs*
   x No  ☐ Yes  If yes, what area does it satisfy:
   □ IA  □ IB  □ IC
   □ IIA  □ IIB  □ IIC
   □ IIIA  □ IIIB  □ IIIC

9. Does this course satisfy the Undergraduate Diversity Curriculum Requirements?
*Diversity Committee approval required prior to submission to Academic Affairs*
   X No  ☐ Yes

10. To which of the following undergraduate core competencies does this course map? The course must have at least one significant graded assignment per competency selected.
   ☐ Critical Thinking   ☐ Written Communication
   ☐ Oral Communication   ☐ Information Literacy
   ☐ Quantitative Reasoning

11. Was this course ever offered under a Special Topics number?
   X No  ☐ Yes  If yes, provide info below.

<table>
<thead>
<tr>
<th>Special Topics Subject/Course #</th>
<th>Last year taught</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Will this course fulfill a major requirement for your program?
   ☐ No  X Yes  If yes, then what area/requirement does it fulfill?
   ☐ Upper Division Elective  X Core Major
   ☐ Lower Division elective  ☐ Other__________________

13. Does this course fulfill an undergraduate minor requirement for your program?
   X No  ☐ Yes  If yes, then what area/requirement does it fulfill?
   ☐ Upper Division Elective  ☐ Core Major
   ☐ Lower Division elective  ☐ Other__________________
REGISTRATION INFORMATION

14. Units: _____3____ (if units can be variable, please indicate)
   a. Maximum # of times that can be taken for credit _____: for a maximum of _____ units for credit.

15. Does this course meet Pacific’s credit unit policy? Please describe below.
    Yes this course will meet 45 hours during the course of the semester

16. Grading options available to students who enroll (check all that apply):
    X Letter (A-F)      ☐ Pass/No Credit      ☐ Audit

17. Schedule Type for Courses (check all that apply):
    X Lecture            ☐ Thesis            ☐ On-line            ☐ Other
    ☐ Lab                 ☐ Doctoral Project    ☐ Activity Course
    ☐ Discussion          ☐ Internship, Co-op, Fieldwork  ☐ Practicum
    ☐ Seminar             ☐ Applied Music          ☐ Blended
    ☐ Research/independent Study ☐ Studio Instruction

18. Maximum Enrollment: 50_____

19. Is a special fee to be charged?
    X No ☐ Yes If yes, list the charge and fee code: _____________
    ☐ Per unit or ☐ Flat fee
    For new fee code: Course Fee Request Form
# UNIVERSITY OF THE PACIFIC

## NEW COURSE PROPOSAL

<table>
<thead>
<tr>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPARTMENT/SCHOOL:</td>
</tr>
<tr>
<td>CONTACT PERSON &amp; PHONE/EMAIL:</td>
</tr>
<tr>
<td>COURSE NUMBER:</td>
</tr>
</tbody>
</table>

> Please obtain signatures in the order they appear below, as applicable.

1. **CHAIR(S) OF ALL INVOLVED DEPARTMENT(S):** (if applicable)  
   _____________________________________________________________ DATE: ____________

2. **CHAIR(S), SCHOOL/COLLEGE CURRICULUM COMMITTEE(S):**  
   _____________________________________________________________ DATE: ____________

3. **DEANS OF ALL INVOLVED SCHOOLS/COLLEGE:**  
   _____________________________________________________________ DATE: ____________

4. **CHAIR OF GENERAL EDUCATION COMMITTEE:** (if applicable)  
   _____________________________________________________________ DATE: ____________

5. **UNIVERSITY LIBRARIAN:** (if applicable)  
   _____________________________________________________________ DATE: ____________

6. **CHIEF INFORMATION OFFICER:** (if applicable)  
   _____________________________________________________________ DATE: ____________

7. **DIVERSITY CURRICULUM COMMITTEE:** (if applicable)  
   _____________________________________________________________ DATE: ____________

8. **REGISTRAR:**  
   _____________________________________________________________ DATE: ____________

9. **CHAIR OF ACADEMIC AFFAIRS COMMITTEE ON UNDERGRADUATE OR GRADUATE STUDIES:** (as applicable)  
   _____________________________________________________________ DATE: ____________
Please use this form to add a new course.

Note: All changes will become effective the following fall semester, if approved by Academic Affairs on Undergraduate Studies (AACU) or Academic Affairs on Graduate Studies (AACG) by the December meeting.

Before you proceed, please review the approval process in advance and leave time for each involved person or committee to review the proposal.

DATE: 2.14.19
DEPARTMENT/SCHOOL: MSCN Dugoni School of Dentistry
CONTACT PERSON & PHONE/EMAIL:

New Courses: Please complete this entire form (items 1-19)

1. New Course:

<table>
<thead>
<tr>
<th>Proposed Course Subject and #</th>
<th>NUTR XXX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Global and Public Health Nutrition</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>Third semester standing in the MSCN program</td>
</tr>
<tr>
<td>Units</td>
<td>3</td>
</tr>
</tbody>
</table>

Rationale for new course:
Required course in MSCN curriculum

For approval of new course numbers: Send the request to this email: registrar@pacific.edu. The request needs to include the department, the course title, and a suggested discipline & number. Please attach the email approving the new course number to this proposal.

2. Please attach syllabus with all required elements, including course learning outcomes and the program learning outcomes to which these map (See full list of Syllabus requirements).

3. Please provide the copy as it is to appear in the catalog and online. This includes the course description, specific prerequisites, co-requisites, lab/discussion and any restrictions on registration (e.g., majors only). Note: Unless indicated here, a passing grade for a prerequisite course is considered a “C.”

Insert Catalog Copy:
Global and U.S. public health nutrition goals, priorities and surveillance systems are covered along with current and forecasted emerging issues in global health and nutrition. Health disparities, cultural influences on health and nutrition globally and local and global food markets are addressed. Major global nutrition issues including malnutrition, overweight and obesity and the impact of the environment on the food supply are addressed along with legislative and regulatory policies and aging. Students learn how to do global nutrition community assessments. Students complete an experiential component either in a local or global setting.
RELATIONSHIP TO OTHER COURSES

4. Is this course **cross-listed** with others?
   \(\checkmark \) No \(\square \) Yes \hspace{1cm} If yes, which courses?

\begin{tabular}{|c|c|}
  \hline
  Subject/Course # & Title \\
  \hline
  Subject/Course # & Title \\
  \hline
  Subject/Course # & Title \\
  \hline
\end{tabular}

5. Course Similarities
   a. Is this course similar in content to course(s) in another school or department?
   \(\checkmark \) No \(\square \) Yes \hspace{1cm} If yes, which course(s)?

\begin{tabular}{|c|c|}
  \hline
  Subject/Course # & Title \\
  \hline
  Subject/Course # & Title \\
  \hline
  Subject/Course # & Title \\
  \hline
\end{tabular}

b. If yes, how is this course distinctive?

6. Will other courses be deleted as a result of this proposal when this course is created?
   \(\checkmark \) No \(\square \) Yes \hspace{1cm} If yes, please complete a course deletion form.

7. Anticipated additional resources: Explain: New Program SIF proposal submitted to IPC
   \(\checkmark \) Faculty \hspace{1cm} \(\square \) Technology
   \(\square \) Funds \hspace{1cm} \(\square \) Computer Lab**
   \(\square \) Facilities \hspace{1cm} \(\square \) Software**
   \(\square \) Library* \hspace{1cm} \(\square \) Other ____________

* The signature of the Dean of the Library is applicable.
** The signature of the Chief Information Officer is applicable.
8. Does this course satisfy undergraduate General Education requirements?
   *GE approval required prior to submission to Academic Affairs*
   x No ☐ Yes If yes, what area does it satisfy:
   ☐ IA ☐ IB ☐ IC
   ☐ IIA ☐ IIB ☐ IIC
   ☐ IIIA ☐ IIIB ☐ IIIIC

9. Does this course satisfy the Undergraduate Diversity Curriculum Requirements?
   *Diversity Committee approval required prior to submission to Academic Affairs*
   x No ☐ Yes

10. To which of the following undergraduate core competencies does this course map? The course must have at least one significant graded assignment per competency selected.
    ☐ Critical Thinking ☐ Written Communication
    ☐ Oral Communication ☐ Information Literacy
    ☐ Quantitative Reasoning

11. Was this course ever offered under a Special Topics number?
    x No ☐ Yes If yes, provide info below.

<table>
<thead>
<tr>
<th>Special Topics</th>
<th>Last year taught</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject/Course #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subject/Course #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subject/Course #</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Will this course fulfill a major requirement for your program?
    x No ☐ Yes If yes, then what area/requirement does it fulfill?
    ☐ Upper Division Elective ☐ X Core Major
    ☐ Lower Division elective ☐ Other __________________

13. Does this course fulfill an undergraduate minor requirement for your program?
    x No ☐ Yes If yes, then what area/requirement does it fulfill?
    ☐ Upper Division Elective ☐ Core Major
    ☐ Lower Division elective ☐ Other __________________
REGISTRATION INFORMATION

14. Units: ____3____ (if units can be variable, please indicate)
   a. Maximum # of times that can be taken for credit 1: for a maximum of 3 units for credit.

15. Does this course meet Pacific’s credit unit policy? Please describe below.
    Yes this course will meet for 45 hours during the semester.

16. Grading options available to students who enroll (check all that apply):
    X Letter (A-F)        □ Pass/No Credit        □ Audit

17. Schedule Type for Courses (check all that apply):
    □ Lecture            □ Thesis                   □ On-line               □ Other
    □ Lab                □ Doctoral Project         □ Activity Course
    □ Discussion         □ Internship, Co-op, Fieldwork □ Practicum
    □ Seminar            □ Applied Music            X Blended
    □ Research/independent Study □ Studio Instruction

18. Maximum Enrollment: 50

19. Is a special fee to be charged?
    X No □ Yes        If yes, list the charge and fee code: ________________
    □ Per unit       or      □ Flat fee

For new fee code: Course Fee Request Form
# NEW COURSE PROPOSAL

| DATE: |
| DEPARTMENT/SCHOOL: |
| CONTACT PERSON & PHONE/EMAIL: |
| COURSE NUMBER: |

---

Please obtain signatures in the order they appear below, as applicable.

1. **CHAIR(S) OF ALL INVOLVED DEPARTMENT(S):** (if applicable)
   
   ________________________________________________ DATE: ____________

2. **CHAIR(S), SCHOOL/COLLEGE CURRICULUM COMMITTEE(S):**
   
   ________________________________________________ DATE: ____________

3. **DEANS OF ALL INVOLVED SCHOOLS/COLLEGE:**
   
   ________________________________________________ DATE: ____________

4. **CHAIR OF GENERAL EDUCATION COMMITTEE:** (if applicable)
   
   ________________________________________________ DATE: ____________

5. **UNIVERSITY LIBRARIAN:** (if applicable)
   
   ________________________________________________ DATE: ____________

6. **CHIEF INFORMATION OFFICER:** (if applicable)
   
   ________________________________________________ DATE: ____________

7. **DIVERSITY CURRICULUM COMMITTEE:** (if applicable)
   
   ________________________________________________ DATE: ____________

8. **REGISTRAR:**
   
   ________________________________________________ DATE: ____________

9. **CHAIR OF ACADEMIC AFFAIRS COMMITTEE ON UNDERGRADUATE OR GRADUATE STUDIES:** (as applicable)
   
   ________________________________________________ DATE: ____________

---

New Course Proposal, Page 5 of 5
Oct. 2018 (Updated Sign Page)
NEW COURSE PROPOSAL

Please use this form to add a new course.  
Note: All changes will become effective the following fall semester, if approved by Academic Affairs on Undergraduate Studies (AACU) or Academic Affairs on Graduate Studies (AACG) by the December meeting.

Before you proceed, please review the approval process in advance and leave time for each involved person or committee to review the proposal.

DATE: 2.14.19  
DEPARTMENT/SCHOOL: MSCN Dugoni School of Dentistry  
CONTACT PERSON & PHONE/EMAIL:

New Courses: Please complete this entire form (items 1-19)

1. New Course:  

<table>
<thead>
<tr>
<th>Proposed Course Subject and #</th>
<th>NUTR XXX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Ethics and Professionalism in Practice Seminar</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>Fourth semester standing in the MSCN program</td>
</tr>
<tr>
<td>Units</td>
<td>2</td>
</tr>
</tbody>
</table>

Rationale for new course:  
Required course in MSCN curriculum

For approval of new course numbers: Send the request to this email: registrar@pacific.edu. The request needs to include the department, the course title, and a suggested discipline & number. Please attach the email approving the new course number to this proposal.

2. Please attach syllabus with all required elements, including course learning outcomes and the program learning outcomes to which these map (See full list of Syllabus requirements).

3. Please provide the copy as it is to appear in the catalog and online. This includes the course description, specific prerequisites, co-requisites, lab/discussion and any restrictions on registration (e.g., majors only). Note: Unless indicated here, a passing grade for a prerequisite course is considered a “C.”

Insert Catalog Copy: The scope of practice and standards of professional responsibility of the Registered Dietitian Nutritionist (RDN) are addressed from professional, legal, economic and patient care perspectives. Legislative and regulatory issues at the state and federal level are addressed. The course addresses the role of the RDN as part of the healthcare team in various care settings, health policy, ethics of practice and patient-provider interactions, confidentiality, risk management and autonomous practice and malpractice. Billing and coding for institutional and private practice are covered. Interprofessional activities will be included. Preparation for practice including resume and curriculum vitae construction and interviewing approaches will be addressed.
RELATIONSHIP TO OTHER COURSES

4. Is this course cross-listed with others?
   ☒ No ☐ Yes If yes, which courses?

<table>
<thead>
<tr>
<th>Subject/Course #</th>
<th>Title</th>
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</thead>
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</tr>
</tbody>
</table>

5. Course Similarities
   a. Is this course similar in content to course(s) in another school or department?
      ☒ No ☐ Yes If yes, which course(s)?

<table>
<thead>
<tr>
<th>Subject/Course #</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   b. If yes, how is this course distinctive?

6. Will other courses be deleted as a result of this proposal when this course is created?
   ☒ No ☐ Yes If yes, please complete a course deletion form.

7. Anticipated additional resources: Explain: New Program SIF proposal submitted to IPC
   ☒ Faculty ☐ Technology
   ☐ Funds ☐ Computer Lab**
   ☐ Facilities ☐ Software**
   ☐ Library* ☐ Other ____________

* The signature of the Dean of the Library is applicable.
** The signature of the Chief Information Officer is applicable.
DEGREE AUDIT INFORMATION

8. Does this course satisfy undergraduate General Education requirements?
   *GE approval required prior to submission to Academic Affairs*
   X No □ Yes If yes, what area does it satisfy:
   □ IA □ IB □ IC
   □ IIA □ IIB □ IIC
   □ IIIA □ IIIB □ IIIC

9. Does this course satisfy the Undergraduate Diversity Curriculum Requirements?
   *Diversity Committee approval required prior to submission to Academic Affairs*
   X No □ Yes

10. To which of the following undergraduate core competencies does this course map? The course must have at least one significant graded assignment per competency selected.
    □ Critical Thinking □ Written Communication
    □ Oral Communication □ Information Literacy
    □ Quantitative Reasoning

11. Was this course ever offered under a Special Topics number?
    X No □ Yes If yes, provide info below.

<table>
<thead>
<tr>
<th>Special Topics Subject/Course #</th>
<th>Last year taught</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Will this course fulfill a major requirement for your program?
    □ No X Yes If yes, then what area/requirement does it fulfill?
    □ Upper Division Elective X Core Major
    □ Lower Division elective □ Other__________________

13. Does this course fulfill an undergraduate minor requirement for your program?
    X No □ Yes If yes, then what area/requirement does it fulfill?
    □ Upper Division Elective □ Core Major
    □ Lower Division elective □ Other__________________
REGISTRATION INFORMATION

14. Units: __2_______ (if units can be variable, please indicate)
   a. Maximum # of times that can be taken for credit __1___: for a maximum of __2__ units for credit.

15. Does this course meet Pacific’s credit unit policy? Please describe below.
   Yes this course will meet for a total of 30 hours during the course of the semester

16. Grading options available to students who enroll (check all that apply):
   X Letter (A-F)  ☐ Pass/No Credit  ☐ Audit

17. **Schedule Type for Courses** (check all that apply):
   X Lecture  ☐ Thesis  ☐ On-line  ☐ Other
   ☐ Lab  ☐ Doctoral Project  ☐ Activity Course
   ☐ Discussion  ☐ Internship, Co-op, Fieldwork  ☐ Practicum
   ☐ Seminar  ☐ Applied Music  ☐ Blended
   ☐ Research/independent Study  ☐ Studio Instruction

18. Maximum Enrollment: 50_____

19. Is a special fee to be charged?
   X No  ☐ Yes  If yes, list the charge and fee code: ______________
   ☐ Per unit  or  ☐ Flat fee
   *For new fee code: Course Fee Request Form*
# NEW COURSE PROPOSAL

<table>
<thead>
<tr>
<th>DATE:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPARTMENT/SCHOOL:</td>
<td></td>
</tr>
<tr>
<td>CONTACT PERSON &amp; PHONE/EMAIL:</td>
<td></td>
</tr>
<tr>
<td>COURSE NUMBER:</td>
<td></td>
</tr>
</tbody>
</table>

Please obtain signatures in the order they appear below, as applicable.

1. **CHAIR(S) OF ALL INVOLVED DEPARTMENT(S):** (if applicable)  
   
   ______________________________  ______________________________  
   DATE: ____________

2. **CHAIR(S), SCHOOL/COLLEGE CURRICULUM COMMITTEE(S):**  
   
   ______________________________  ______________________________  
   DATE: ____________

3. **DEANS OF ALL INVOLVED SCHOOLS/COLLEGE:**  
   
   ______________________________  ______________________________  
   DATE: ____________

4. **CHAIR OF GENERAL EDUCATION COMMITTEE:** (if applicable)  
   
   ______________________________  ______________________________  
   DATE: ____________

5. **UNIVERSITY LIBRARIAN:** (if applicable)  
   
   ______________________________  ______________________________  
   DATE: ____________

6. **CHIEF INFORMATION OFFICER:** (if applicable)  
   
   ______________________________  ______________________________  
   DATE: ____________

7. **DIVERSITY CURRICULUM COMMITTEE:** (if applicable)  
   
   ______________________________  ______________________________  
   DATE: ____________

8. **REGISTRAR:**  
   
   ______________________________  ______________________________  
   DATE: ____________

9. **CHAIR OF ACADEMIC AFFAIRS COMMITTEE ON UNDERGRADUATE OR GRADUATE STUDIES:** (as applicable)  
   
   ______________________________  ______________________________  
   DATE: ____________
NEW COURSE PROPOSAL

Please use this form to add a new course.

Note: All changes will become effective the following fall semester, if approved by Academic Affairs on Undergraduate Studies (AACU) or Academic Affairs on Graduate Studies (AACG) by the December meeting.

Before you proceed, please review the approval process in advance and leave time for each involved person or committee to review the proposal.

DATE: 2.14.19
DEPARTMENT/SCHOOL: MSCN Dugoni School of Dentistry
CONTACT PERSON & PHONE/EMAIL:

New Courses: Please complete this entire form (items 1-19)

1.  New Course:

<table>
<thead>
<tr>
<th>Proposed Course Subject and #</th>
<th>NUTR XXX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Evidence Based Practice and Scientific Inquiry</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>First semester standing in the MSCN program</td>
</tr>
<tr>
<td>Units</td>
<td>2</td>
</tr>
</tbody>
</table>

Rationale for new course:
Required course in MSCN curriculum

For approval of new course numbers: Send the request to this email: registrar@pacific.edu. The request needs to include the department, the course title, and a suggested discipline & number. Please attach the email approving the new course number to this proposal.

2.  Please attach syllabus with all required elements, including course learning outcomes and the program learning outcomes to which these map (See full list of Syllabus requirements).

3.  Please provide the copy as it is to appear in the catalog and online. This includes the course description, specific prerequisites, co-requisites, lab/discussion and any restrictions on registration (e.g., majors only). Note: Unless indicated here, a passing grade for a prerequisite course is considered a “C.”

Insert Catalog Copy:
Principles of scientific inquiry and evidence-based practice using the Academy of Nutrition and Dietetics’ Evidence Analysis processes are addressed. Levels of evidence, conduct of literature searches starting with a PICO question and how to critically read, review and analyze research articles are covered. Clinical problem solving and critical thinking will be addressed using case scenarios. Basic principles of statistics are covered. Scientific writing at the graduate level will be applied by students in the construct of evidence analysis projects and critical appraisal technique assignments.
RELATIONSHIP TO OTHER COURSES

4. Is this course cross-listed with others?
   X No ☐ Yes If yes, which courses?

<table>
<thead>
<tr>
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</tr>
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<tbody>
<tr>
<td></td>
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5. Course Similarities
   a. Is this course similar in content to course(s) in another school or department?
      X No ☐ Yes If yes, which course(s)?

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</table>

   b. If yes, how is this course distinctive?

6. Will other courses be deleted as a result of this proposal when this course is created?
   X No ☐ Yes If yes, please complete a course deletion form.

7. Anticipated additional resources: Explain: New Program SIF proposal submitted to IPC
   ☒ Faculty    ☐ Technology
   ☐ Funds      ☐ Computer Lab**
   ☐ Facilities ☐ Software**
   ☐ Library*   ☐ Other ___________

* The signature of the Dean of the Library is applicable.
** The signature of the Chief Information Officer is applicable.
DEGREE AUDIT INFORMATION

8. Does this course satisfy undergraduate General Education requirements?
   *GE approval required prior to submission to Academic Affairs*
   x No  ☐ Yes  If yes, what area does it satisfy:
   □ IA  □ IB  □ IC
   □ IIA  □ IIB  □ IIC
   □ IIIA  □ IIIB  □ IIIC

9. Does this course satisfy the Undergraduate Diversity Curriculum Requirements?
   *Diversity Committee approval required prior to submission to Academic Affairs*
   X No  ☐ Yes

10. To which of the following undergraduate core competencies does this course map? The course must have at least one significant graded assignment per competency selected.

   □ Critical Thinking  □ Written Communication
   □ Oral Communication  □ Information Literacy
   □ Quantitative Reasoning

11. Was this course ever offered under a Special Topics number?
    X No  ☐ Yes  If yes, provide info below.

    | Special Topics Subject/Course # | Last year taught | Course Title |
    |--------------------------------|------------------|--------------|
    |                                |                  |              |

12. Will this course fulfill a major requirement for your program?
    ☐ No  X Yes  If yes, then what area/requirement does it fulfill?

    □ Upper Division Elective  □ Core Major
    □ Lower Division elective  □ Other____________________

13. Does this course fulfill an undergraduate minor requirement for your program?
    X No  ☐ Yes  If yes, then what area/requirement does it fulfill?

    □ Upper Division Elective  □ Core Major
    □ Lower Division elective  □ Other____________________
REGISTRATION INFORMATION

14. Units: ___2______ (if units can be variable, please indicate)
   a. Maximum # of times that can be taken for credit ___1___: for a maximum of ___2___ units for credit.

15. Does this course meet Pacific’s credit unit policy? Please describe below.
   Yes this face-to-face course will meet for 30 hours during the semester.

16. Grading options available to students who enroll (check all that apply):
   ☒ Letter (A-F) ☐ Pass/No Credit ☐ Audit

17. Schedule Type for Courses (check all that apply):
   ☒ Lecture ☐ Thesis ☐ On-line ☐ Other
   ☐ Lab ☐ Doctoral Project ☐ Activity Course
   ☐ Discussion ☐ Internship, Co-op, Fieldwork ☐ Practicum
   ☐ Seminar ☐ Applied Music ☐ Blended
   ☐ Research/independent Study ☐ Studio Instruction

18. Maximum Enrollment: 50______

19. Is a special fee to be charged?
   ☒ No ☐ Yes
   If yes, list the charge and fee code: ________________
   ☐ Per unit or ☐ Flat fee
   For new fee code: Course Fee Request Form
### New Course Proposal

<table>
<thead>
<tr>
<th>Date:</th>
<th>DEPARTMENT/SCHOOL:</th>
<th>CONTACT PERSON &amp; PHONE/EMAIL:</th>
<th>COURSE NUMBER:</th>
</tr>
</thead>
</table>

Please obtain signatures in the order they appear below, as applicable.

1. **CHAIR(S) OF ALL INVOLVED DEPARTMENT(S):** (if applicable)  
   
   ____________________________  
   DATE: __________

2. **CHAIR(S), SCHOOL/COLLEGE CURRICULUM COMMITTEE(S):**  
   
   ____________________________  
   DATE: __________

3. **DEANS OF ALL INVOLVED SCHOOLS/COLLEGE:**  
   
   ____________________________  
   DATE: __________

4. **CHAIR OF GENERAL EDUCATION COMMITTEE:** (if applicable)  
   
   ____________________________  
   DATE: __________

5. **UNIVERSITY LIBRARIAN:** (if applicable)  
   
   ____________________________  
   DATE: __________

6. **CHIEF INFORMATION OFFICER:** (if applicable)  
   
   ____________________________  
   DATE: __________

7. **DIVERSITY CURRICULUM COMMITTEE:** (if applicable)  
   
   ____________________________  
   DATE: __________

8. **REGISTRAR:**  
   
   ____________________________  
   DATE: __________

9. **CHAIR OF ACADEMIC AFFAIRS COMMITTEE ON UNDERGRADUATE OR GRADUATE STUDIES:** (as applicable)  
   
   ____________________________  
   DATE: __________
**NEW COURSE PROPOSAL**

Please use this form to add a new course.

**Note:** All changes will become effective the following fall semester, if approved by Academic Affairs on Undergraduate Studies (AACU) or Academic Affairs on Graduate Studies (AACG) by the December meeting.

Before you proceed, please review the approval process in advance and leave time for each involved person or committee to review the proposal.

**DATE: 2.14.19**

**DEPARTMENT/SCHOOL:** MSCN Dugoni School of Dentistry

**CONTACT PERSON & PHONE/EMAIL:**

**New Courses:** Please complete this entire form (items 1-19)

1. **New Course:**

<table>
<thead>
<tr>
<th>Proposed Course Subject and #</th>
<th>NUTR XXX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Capstone I</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>Third semester standing in the MSCN program</td>
</tr>
<tr>
<td>Units</td>
<td>3</td>
</tr>
</tbody>
</table>

Rationale for new course:
Required course in MSCN curriculum

**For approval of new course numbers:** Send the request to this email: registrar@pacific.edu. The request needs to include the department, the course title, and a suggested discipline & number. Please attach the email approving the new course number to this proposal.

2. Please attach syllabus with all required elements, including course learning outcomes and the program learning outcomes to which these map (See full list of Syllabus requirements).

3. Please provide the copy as it is to appear in the catalog and online. This includes the course description, specific prerequisites, co-requisites, lab/discussion and any restrictions on registration (e.g., majors only). Note: Unless indicated here, a passing grade for a prerequisite course is considered a “C.”

   Insert Catalog Copy: This is the first of the two capstone courses. The capstone project addresses a clinical question on a practice topic of the student’s choice. Starting with a PICO question, students will conduct a literature search, analysis the evidence in a select number of key research articles using the Academy of Nutrition and Dietetics’ Evidence Analysis processes and write a narrative review paper that can be submitted to a peer reviewed journal as well as prepare a poster for presentation at a national meeting. In Capstone I, students work with their faculty mentor and librarian to construct the PICO, complete the literature search, outline their paper and begin the evidence analysis process.
RELATIONSHIP TO OTHER COURSES

4. Is this course **cross-listed** with others?
   X No ☐ Yes If yes, which courses?
   
<table>
<thead>
<tr>
<th>Subject/Course #</th>
<th>Title</th>
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</tbody>
</table>

5. Course Similarities
   a. Is this course similar in content to course(s) in another school or department?
   X No ☐ Yes If yes, which course(s)?
   
<table>
<thead>
<tr>
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</tr>
</tbody>
</table>

   b. If yes, how is this course distinctive?

6. Will other courses be deleted as a result of this proposal when this course is created?
   X No ☐ Yes If yes, please complete a [course deletion](#) form.

7. Anticipated additional resources: Explain: New Program SIF proposal submitted to IPC
   ☒ Faculty ☐ Technology
   ☐ Funds ☐ Computer Lab**
   ☐ Facilities ☐ Software**
   ☐ Library* ☐ Other ____________

   * The signature of the Dean of the Library is applicable.
   ** The signature of the Chief Information Officer is applicable.
DEGREE AUDIT INFORMATION

8. Does this course satisfy undergraduate General Education requirements?
   *GE approval required prior to submission to Academic Affairs*
   X No ☐ Yes If yes, what area does it satisfy:
   ☐ IA ☐ IB ☐ IC
   ☐ IIA ☐ IIB ☐ IIC
   ☐ IIIA ☐ IIIB ☐ IIIIC

9. Does this course satisfy the Undergraduate Diversity Curriculum Requirements?
   *Diversity Committee approval required prior to submission to Academic Affairs*
   X No ☐ Yes

10. To which of the following undergraduate core competencies does this course map? The course must have at least one significant graded assignment per competency selected.
    ☐ Critical Thinking ☐ Written Communication
    ☐ Oral Communication ☐ Information Literacy
    ☐ Quantitative Reasoning

11. Was this course ever offered under a Special Topics number?
    X No ☐ Yes If yes, provide info below.

<table>
<thead>
<tr>
<th>Special Topics Subject/Course #</th>
<th>Last year taught</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

12. Will this course fulfill a major requirement for your program?
    ☐ No X Yes If yes, then what area/requirement does it fulfill?
    ☐ Upper Division Elective X Core Major
    ☐ Lower Division elective ☐ Other_____________________

13. Does this course fulfill an undergraduate minor requirement for your program?
    X No ☐ Yes If yes, then what area/requirement does it fulfill?
    ☐ Upper Division Elective ☐ Core Major
    ☐ Lower Division elective ☐ Other_____________________
REGISTRATION INFORMATION

14. Units: _____3____ (if units can be variable, please indicate)
   a. Maximum # of times that can be taken for credit _1___: for a maximum of ___3__ units for credit.

15. Does this course meet Pacific’s credit unit policy? Please describe below.
   Yes this course will meet for a total of 45 hours per semester

16. Grading options available to students who enroll (check all that apply):
   X Letter (A-F)  ☐ Pass/No Credit  ☐ Audit

17. Schedule Type for Courses (check all that apply):
   ☒ Lecture  ☐ Thesis  ☐ On-line  ☐ Other
   ☐ Lab  ☐ Doctoral Project  ☐ Activity Course
   ☐ Discussion  ☐ Internship, Co-op, Fieldwork  ☐ Practicum
   ☐ Seminar  ☐ Applied Music  ☐ Blended
   ☒ Research/independent Study  ☐ Studio Instruction

18. Maximum Enrollment:  50_____

19. Is a special fee to be charged?
   X No  ☐ Yes
   If yes, list the charge and fee code: _______________
   ☐ Per unit  or  ☐ Flat fee

For new fee code: Course Fee Request Form
NEW COURSE PROPOSAL

DATE:
DEPARTMENT/SCHOOL:
CONTACT PERSON & PHONE/EMAIL:
COURSE NUMBER:

Please obtain signatures in the order they appear below, as applicable.

1. CHAIR(S) OF ALL INVOLVED DEPARTMENT(S): (if applicable)

__________________________________________ DATE: ____________

2. CHAIR(S), SCHOOL/COLLEGE CURRICULUM COMMITTEE(S):

__________________________________________ DATE: ____________

3. DEANS OF ALL INVOLVED SCHOOLS/COLLEGE:

__________________________________________ DATE: ____________

4. CHAIR OF GENERAL EDUCATION COMMITTEE: (if applicable)

__________________________________________ DATE: ____________

5. UNIVERSITY LIBRARIAN: (if applicable)

__________________________________________ DATE: ____________

6. CHIEF INFORMATION OFFICER: (if applicable)

__________________________________________ DATE: ____________

7. DIVERSITY CURRICULUM COMMITTEE: (if applicable)

__________________________________________ DATE: ____________

8. REGISTRAR:

__________________________________________ DATE: ____________

9. CHAIR OF ACADEMIC AFFAIRS COMMITTEE ON UNDERGRADUATE OR GRADUATE STUDIES: (as applicable)

__________________________________________ DATE: ____________
NEW COURSE PROPOSAL

Please use this form to add a new course.

Note: All changes will become effective the following fall semester, if approved by Academic Affairs on Undergraduate Studies (AACU) or Academic Affairs on Graduate Studies (AACG) by the December meeting.

Before you proceed, please review the approval process in advance and leave time for each involved person or committee to review the proposal.

<table>
<thead>
<tr>
<th>DATE: 2.14.19</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPARTMENT/SCHOOL: MSCN Dugoni School of Dentistry</td>
</tr>
<tr>
<td>CONTACT PERSON &amp; PHONE/EMAIL:</td>
</tr>
</tbody>
</table>

New Courses: Please complete this entire form (items 1-19)

1. New Course:

<table>
<thead>
<tr>
<th>Proposed Course Subject and #</th>
<th>NUTR XXX</th>
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</thead>
<tbody>
<tr>
<td>Title</td>
<td>Capstone II</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>Fourth semester standing in the MSCN program</td>
</tr>
<tr>
<td>Units</td>
<td>3</td>
</tr>
</tbody>
</table>

Rationale for new course:
Required course in MSCN curriculum

For approval of new course numbers: Send the request to this email: registrar@pacific.edu. The request needs to include the department, the course title, and a suggested discipline & number. Please attach the email approving the new course number to this proposal.

2. Please attach syllabus with all required elements, including course learning outcomes and the program learning outcomes to which these map (See full list of Syllabus requirements).

3. Please provide the copy as it is to appear in the catalog and online. This includes the course description, specific prerequisites, co-requisites, lab/discussion and any restrictions on registration (e.g., majors only). Note: Unless indicated here, a passing grade for a prerequisite course is considered a “C.”

Insert Catalog Copy:
This is the second of the two Capstone courses. In Capstone II, students work with their faculty mentor to complete the evidence analysis process, summarize the evidence and draft and complete their paper and abstract for poster presentation.
RELATIONSHIP TO OTHER COURSES

4. Is this course **cross-listed** with others?
   X No ☐ Yes    If yes, which courses?

<table>
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5. Course Similarities
   a. Is this course similar in content to course(s) in another school or department?
      X No  ☐ Yes    If yes, which course(s)?

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</table>

   b. If yes, how is this course distinctive?

6. Will other courses be deleted as a result of this proposal when this course is created?
   X No  ☐ Yes    If yes, please complete a course deletion form.

7. Anticipated additional resources: Explain: New Program SIF proposal submitted to IPC
   ☒ Faculty      ☐ Technology
   ☐ Funds        ☐ Computer Lab**
   ☐ Facilities   ☐ Software**
   ☐ Library*     ☐ Other ____________

* The signature of the Dean of the Library is applicable.
** The signature of the Chief Information Officer is applicable.
DEGREE AUDIT INFORMATION

8. Does this course satisfy undergraduate General Education requirements?
   *GE approval required prior to submission to Academic Affairs*
   X No ☐ Yes If yes, what area does it satisfy:
   ☐ IA ☐ IB ☐ IC
   ☐ IIA ☐ IIB ☐ IIC
   ☐ IIIA ☐ IIIB ☐ IIIC

9. Does this course satisfy the Undergraduate Diversity Curriculum Requirements?
   *Diversity Committee approval required prior to submission to Academic Affairs*
   X No ☐ Yes

10. To which of the following undergraduate core competencies does this course map? The course must have at least one significant graded assignment per competency selected.

   ☐ Critical Thinking        ☐ Written Communication
   ☐ Oral Communication      ☐ Information Literacy
   ☐ Quantitative Reasoning

11. Was this course ever offered under a Special Topics number?
    X No ☐ Yes If yes, provide info below.

<table>
<thead>
<tr>
<th>Special Topics Subject/Course #</th>
<th>Last year taught</th>
<th>Course Title</th>
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</tbody>
</table>

12. Will this course fulfill a major requirement for your program?
    ☐ No X Yes If yes, then what area/requirement does it fulfill?
    ☐ Upper Division Elective ☐ X Core Major
    ☐ Lower Division elective ☐ Other___________________

13. Does this course fulfill an undergraduate minor requirement for your program?
    X No ☐ Yes If yes, then what area/requirement does it fulfill?
    ☐ Upper Division Elective ☐ Core Major
    ☐ Lower Division elective ☐ Other___________________
REGISTRATION INFORMATION

14. Units: _____3_____ (if units can be variable, please indicate)
   a. Maximum # of times that can be taken for credit ___1___: for a maximum of ___3__ units for credit.

15. Does this course meet Pacific’s credit unit policy? Please describe below.
    Yes this course will meet 45 hours during the semester

16. Grading options available to students who enroll (check all that apply):
    X Letter (A-F)    ☐ Pass/No Credit    ☐ Audit

17. Schedule Type for Courses (check all that apply):
    X Lecture    ☐ Thesis    ☐ On-line    ☐ Other
    ☐ Lab    ☐ Doctoral Project    ☐ Activity Course
    ☐ Discussion    ☐ Internship, Co-op, Fieldwork    ☐ Practicum
    ☐ Seminar    ☐ Applied Music    ☐ Blended
    ☒ Research/independent Study    ☐ Studio Instruction

18. Maximum Enrollment: 50_______

19. Is a special fee to be charged?
    X No ☐ Yes    If yes, list the charge and fee code: ________________
    ☐ Per unit    or    ☐ Flat fee
    For new fee code: Course Fee Request Form
NEW COURSE PROPOSAL

DATE:
DEPARTMENT/SCHOOL:
CONTACT PERSON & PHONE/EMAIL:
COURSE NUMBER:

Please obtain signatures in the order they appear below, as applicable.

1. CHAIR(S) OF ALL INVOLVED DEPARTMENT(S): (if applicable)
   ______________________________________________________ DATE: ____________

2. CHAIR(S), SCHOOL/COLLEGE CURRICULUM COMMITTEE(S):
   ______________________________________________________ DATE: ____________

3. DEANS OF ALL INVOLVED SCHOOLS/COLLEGE:
   ______________________________________________________ DATE: ____________

4. CHAIR OF GENERAL EDUCATION COMMITTEE: (if applicable)
   ______________________________________________________ DATE: ____________

5. UNIVERSITY LIBRARIAN: (if applicable)
   ______________________________________________________ DATE: ____________

6. CHIEF INFORMATION OFFICER: (if applicable)
   ______________________________________________________ DATE: ____________

7. DIVERSITY CURRICULUM COMMITTEE: (if applicable)
   ______________________________________________________ DATE: ____________

8. REGISTRAR:
   ______________________________________________________ DATE: ____________

9. CHAIR OF ACADEMIC AFFAIRS COMMITTEE ON UNDERGRADUATE OR GRADUATE STUDIES: (as applicable)
   ______________________________________________________ DATE: ____________
NEW COURSE PROPOSAL

Please use this form to add a new course.

Note: All changes will become effective the following fall semester, if approved by Academic Affairs on Undergraduate Studies (AACU) or Academic Affairs on Graduate Studies (AACG) by the December meeting.

Before you proceed, please review the approval process in advance and leave time for each involved person or committee to review the proposal.

DATE: 2.14.19
DEPARTMENT/SCHOOL: MSCN Dugoni School of Dentistry
CONTACT PERSON & PHONE/EMAIL:

New Courses: Please complete this entire form (items 1-19)

1. New Course:

<table>
<thead>
<tr>
<th>Proposed Course Subject and #</th>
<th>NUTR XXX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Clinical and Medical Nutrition Therapy I</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>First semester standing in the MSCN program</td>
</tr>
<tr>
<td>Units</td>
<td>4</td>
</tr>
</tbody>
</table>

Rationale for new course:
Required course in MSCN curriculum

For approval of new course numbers: Send the request to this email: registrar@pacific.edu. The request needs to include the department, the course title, and a suggested discipline & number. Please attach the email approving the new course number to this proposal.

2. Please attach syllabus with all required elements, including course learning outcomes and the program learning outcomes to which these map (See full list of Syllabus requirements).

3. Please provide the copy as it is to appear in the catalog and online. This includes the course description, specific prerequisites, co-requisites, lab/discussion and any restrictions on registration (e.g., majors only). Note: Unless indicated here, a passing grade for a prerequisite course is considered a “C.”

Insert Catalog Copy: Pathophysiology of cardiometabolic, kidney, liver, pancreas and gastrointestinal tract diseases and surgeries for these diseases are covered. The impact of the disease processes on systemic and nutritional well-being are covered along with appropriate medical nutrition therapies to prevent and manage the diseases. Using the Nutrition Care Process (NCP) the principles of nutrition assessment, diagnosis, intervention and monitoring for the diseases are covered. Malnutrition identification, diagnosis and management are addressed. Identification and management of overweight and obesity are addressed. This course prepares students for their supervised practice experiences.
RELATIONSHIP TO OTHER COURSES

4. Is this course **cross-listed** with others?
   - X No ☐ Yes If yes, which courses?

<table>
<thead>
<tr>
<th>Subject/Course #</th>
<th>Title</th>
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</thead>
<tbody>
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</tr>
</tbody>
</table>

5. Course Similarities
   a. Is this course similar in content to course(s) in another school or department?
   - X No ☐ Yes If yes, which course(s)?

<table>
<thead>
<tr>
<th>Subject/Course #</th>
<th>Title</th>
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</tbody>
</table>

   b. If yes, how is this course distinctive?

6. Will other courses be deleted as a result of this proposal when this course is created?
   - X No ☐ Yes If yes, please complete a [course deletion] form.

7. Anticipated additional resources: Explain: New Program SIF proposal submitted to IPC
   - ☒ Faculty ☐ Technology
   - ☐ Funds ☐ Computer Lab**
   - ☐ Facilities ☐ Software**
   - ☐ Library* ☐ Other ____________

* The signature of the Dean of the Library is applicable.
** The signature of the Chief Information Officer is applicable.
DEGREE AUDIT INFORMATION

8. Does this course satisfy undergraduate General Education requirements?
   *GE approval required prior to submission to Academic Affairs*
   X No ☐ Yes If yes, what area does it satisfy:
   ☐ IA ☐ IB ☐ IC
   ☐ IIA ☐ IIB ☐ IIC
   ☐ IIIA ☐ IIIB ☐ IIIC

9. Does this course satisfy the Undergraduate Diversity Curriculum Requirements?
   *Diversity Committee approval required prior to submission to Academic Affairs*
   X No ☐ Yes

10. To which of the following undergraduate core competencies does this course map? The course must have at least one significant graded assignment per competency selected.

   ☐ Critical Thinking        ☐ Written Communication
   ☐ Oral Communication      ☐ Information Literacy
   ☐ Quantitative Reasoning

11. Was this course ever offered under a Special Topics number?
    X No ☐ Yes If yes, provide info below.

    | Special Topics Subject/Course # | Last year taught | Course Title |
    |---------------------------------|-----------------|--------------|
    |                                 |                 |              |
    |                                 |                 |              |

12. Will this course fulfill a major requirement for your program?
    ☐ No X Yes If yes, then what area/requirement does it fulfill?
    ☐ Upper Division Elective       ☐ Core Major
    ☐ Lower Division elective       ☐ Other________________

13. Does this course fulfill an undergraduate minor requirement for your program?
    X No ☐ Yes If yes, then what area/requirement does it fulfill?
    ☐ Upper Division Elective       ☐ Core Major
    ☐ Lower Division elective       ☐ Other________________
REGISTRATION INFORMATION

14. Units: ____4____ (if units can be variable, please indicate)
    a. Maximum # of times that can be taken for credit __1__: for a maximum of _4__ units for credit.

15. Does this course meet Pacific’s credit unit policy? Please describe below.
    Yes this course will meet 60 hours during the semester

16. Grading options available to students who enroll (check all that apply):
    X Letter (A-F)     ☐ Pass/No Credit     ☐ Audit

17. Schedule Type for Courses (check all that apply):
    X Lecture        ☐ Thesis                        ☐ On-line  ☐ Other
    ☐ Lab            ☐ Doctoral Project               ☐ Activity Course
    ☐ Discussion     ☐ Internship, Co-op, Fieldwork ☐ Practicum
    ☐ Seminar        ☐ Applied Music                  ☐ Blended
    ☐ Research/independent Study ☐ Studio Instruction

18. Maximum Enrollment: 50____

19. Is a special fee to be charged?
    X No  ☐ Yes
    If yes, list the charge and fee code: ________________
    ☐ Per unit or ☐ Flat fee

For new fee code: Course Fee Request Form
NEW COURSE PROPOSAL

DATE:
DEPARTMENT/SCHOOL:
CONTACT PERSON & PHONE/EMAIL:
COURSE NUMBER:

Please obtain signatures in the order they appear below, as applicable.

1. CHAIR(S) OF ALL INVOLVED DEPARTMENT(S): (if applicable)
   ___________________________________________ DATE: __________

2. CHAIR(S), SCHOOL/COLLEGE CURRICULUM COMMITTEE(S):
   ___________________________________________ DATE: __________

3. DEANS OF ALL INVOLVED SCHOOLS/COLLEGE:
   ___________________________________________ DATE: __________

4. CHAIR OF GENERAL EDUCATION COMMITTEE: (if applicable)
   ___________________________________________ DATE: __________

5. UNIVERSITY LIBRARIAN: (if applicable)
   ___________________________________________ DATE: __________

6. CHIEF INFORMATION OFFICER: (if applicable)
   ___________________________________________ DATE: __________

7. DIVERSITY CURRICULUM COMMITTEE: (if applicable)
   ___________________________________________ DATE: __________

8. REGISTRAR:
   ___________________________________________ DATE: __________

9. CHAIR OF ACADEMIC AFFAIRS COMMITTEE ON UNDERGRADUATE OR GRADUATE
   STUDIES: (as applicable)
   ___________________________________________ DATE: __________
Please use this form to add a new course. 
**Note:** All changes will become effective the following fall semester, if approved by Academic Affairs on Undergraduate Studies (AACU) or Academic Affairs on Graduate Studies (AACG) by the December meeting.

Before you proceed, please review the approval process in advance and leave time for each involved person or committee to review the proposal.

**DATE:** 2.14.19  
**DEPARTMENT/SCHOOL:** MSCN Dugoni School of Dentistry  
**CONTACT PERSON & PHONE/EMAIL:**

**New Courses:** Please complete this entire form (items 1-19)

1. **New Course:**

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<tr>
<th>Proposed Course Subject and #</th>
<th>NUTR XXX</th>
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<tbody>
<tr>
<td>Title</td>
<td>Behavioral Science, Interviewing and Counseling</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>First semester standing in the MSCN program</td>
</tr>
<tr>
<td>Units</td>
<td>3</td>
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Rationale for new course:  
Required course in MSCN curriculum

For approval of new course numbers: Send the request to this email: registrar@pacific.edu. The request needs to include the department, the course title, and a suggested discipline & number. Please attach the email approving the new course number to this proposal.

2. Please attach syllabus with all required elements, including course learning outcomes and the program learning outcomes to which these map (See full list of Syllabus requirements).

3. Please provide the copy as it is to appear in the catalog and online. This includes the course description, specific prerequisites, co-requisites, lab/discussion and any restrictions on registration (e.g., majors only). Note: Unless indicated here, a passing grade for a prerequisite course is considered a “C.”

Insert Catalog Copy:  
Human biological and psychological development, social influences on health care, health literacy, behavioral medicine and mental health disorders are addressed. Basic psychology concepts across the life span, social determinants of health and health literacy along with cultural and religious aspects of diet, eating and foods are covered. Approaches to communication to guide practice including interviewing, counseling and education theories and principles are addressed. This course prepares students for their supervised practice experiences.
RELATIONSHIP TO OTHER COURSES

4. Is this course **cross-listed** with others?
   X No ☐Yes If yes, which courses?

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   b. If yes, how is this course distinctive?

6. Will other courses be deleted as a result of this proposal when this course is created?
   X No ☐Yes If yes, please complete a course deletion form.

7. Anticipated additional resources:  Explain: New Program SIF proposal submitted to IPC
   ☒Faculty ☐Technology
   ☐Funds ☐Computer Lab**
   ☐Facilities ☐Software**
   ☐Library* ☐Other ____________

* The signature of the Dean of the Library is applicable.
** The signature of the Chief Information Officer is applicable.
DEGREE AUDIT INFORMATION

8. Does this course satisfy undergraduate General Education requirements?
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   X No ☐ Yes If yes, what area does it satisfy:
   □ IA  □ IB  □ IC
   □ IIA  □ IIB  □ IIC
   □ IIIA  □ IIIB  □ IIIC

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   *Diversity Committee approval required prior to submission to Academic Affairs*
   X No ☐ Yes

10. To which of the following undergraduate core competencies does this course map? The course must have at least one significant graded assignment per competency selected.
    □ Critical Thinking    □ Written Communication
    □ Oral Communication  □ Information Literacy
    □ Quantitative Reasoning

11. Was this course ever offered under a Special Topics number?
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12. Will this course fulfill a major requirement for your program?
    ☐ No X Yes If yes, then what area/requirement does it fulfill?
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    □ Lower Division elective □ Other__________________

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    □ Lower Division elective □ Other__________________
REGISTRATION INFORMATION

14. Units: _______3____ (if units can be variable, please indicate)
   a. Maximum # of times that can be taken for credit _____: for a maximum of _____ units for credit.

15. Does this course meet Pacific’s credit unit policy? Please describe below.
   Yes this course will meet for a total of 45 hours during the semester

16. Grading options available to students who enroll (check all that apply):
   X Letter (A-F)   ☐ Pass/No Credit   ☐ Audit

17. Schedule Type for Courses (check all that apply):
   X Lecture   ☐ Thesis   ☐ On-line   ☐ Other
   ☐ Lab   ☐ Doctoral Project   ☐ Activity Course
   ☐ Discussion   ☐ Internship, Co-op, Fieldwork   ☐ Practicum
   ☐ Seminar   ☐ Applied Music   ☐ Blended
   ☐ Research/independent Study   ☐ Studio Instruction

18. Maximum Enrollment: 50______

19. Is a special fee to be charged?
   X No ☐ Yes 
   If yes, list the charge and fee code: ______________
   ☐ Per unit  or  ☐ Flat fee
   For new fee code: Course Fee Request Form
NEW COURSE PROPOSAL

DATE: 2.14.19
DEPARTMENT/SCHOOL: MSCN Dugoni school of Dentistry
CONTACT PERSON & PHONE/EMAIL:
COURSE NUMBER:

Please obtain signatures in the order they appear below, as applicable.

1. CHAIR(S) OF ALL INVOLVED DEPARTMENT(S): (if applicable)
   ___________________________________________________________
   ___________________________________________________________
   DATE: __________

2. CHAIR(S), SCHOOL/COLLEGE CURRICULUM COMMITTEE(S):
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   ___________________________________________________________
   DATE: __________

3. DEANS OF ALL INVOLVED SCHOOLS/COLLEGE:
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   ___________________________________________________________
   DATE: __________

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   ___________________________________________________________
   DATE: __________

5. UNIVERSITY LIBRARIAN: (if applicable)
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6. CHIEF INFORMATION OFFICER: (if applicable)
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   DATE: __________

7. DIVERSITY CURRICULUM COMMITTEE: (if applicable)
   ___________________________________________________________
   ___________________________________________________________
   DATE: __________

8. REGISTRAR:
   ___________________________________________________________
   ___________________________________________________________
   DATE: __________

9. CHAIR OF ACADEMIC AFFAIRS COMMITTEE ON UNDERGRADUATE OR GRADUATE STUDIES: (as applicable)
   ___________________________________________________________
   ___________________________________________________________
   DATE: __________

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Oct. 2018 (Updated Sign Page)