

EVP# 2016-10-22691

FACULTY SENATE



October 11, 2016

MEMORANDUM

TO: Michael K. Young, President
FROM: Leonard Bierman, Speaker *LB*
SUBJECT: Graduate Council (FS.34.69)

The Faculty Senate submits for your approval the item from the Graduate Council at its regular meeting on October 10, 2016. Attached is a copy of the material sent to our Senators.

Special Consideration Item
College of Dentistry
Request name change of Oral and Maxillofacial Surgery Certificate

FACULTY SENATE AGENDA ITEM REVIEW

This item has been reviewed by the Office of the Provost (OP). Below are recommended action(s): FS.34.69

<i>Presidential Action:</i> <input checked="" type="checkbox"/> Recommend Approval <input type="checkbox"/> Review Only	<i>OP Recommended Action</i> <input type="checkbox"/> Hold for Further Review <input type="checkbox"/> System Review/Submission <input type="checkbox"/> BOR Approval <input type="checkbox"/> THECB Approval/Notification <input type="checkbox"/> SACSCOC Approval/Notification
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cc: Karan Watson
Michael Benedik
John August
Lawrence Wolinsky

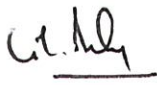
Approved: _____ Reviewed: _____
Michael K. Young 11/9/16
Michael K. Young Date


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TEXAS A&M UNIVERSITY
BAYLOR
COLLEGE OF DENTISTRY
Texas A&M Health Science Center

To: TAMU Graduate Curriculum Committee 

From: Dr. Likith Reddy, Associate Professor and Program Director, Oral & Maxillofacial Surgery 

Through: Dr. Larry Bellinger, Associate Dean, Research & Graduate Studies
On behalf of the College of Dentistry Graduate Curriculum Committee 

Through: Dr. Lawrence Wolinsky, Dean, College of Dentistry 

Date: August 5, 2016

Re: Requested Name Change of Oral and Maxillofacial Surgery Certificate

I am requesting your assistance with an issue that has come up with the program naming on the Certificates of our recent (and future) graduates from the Department of Oral and Maxillofacial Surgery.

This four- to six-year program was approved in 1966 by the Commission on Dental Accreditation (CODA), which is a dental graduate program oversight organization under the Department of Education. The CODA name of our graduate program in question is 'Oral and Maxillofacial Surgery'.

The DOE CIP for our program is 51.0507 and is listed as Oral/Maxillofacial Surgery. The Texas Higher Education Board (THECB) also uses Oral/Maxillofacial Surgery (<http://www.txhighereddata.org/Interactive/CIP/>).

The College of Dentistry has always put "Oral and Maxillofacial Surgery" on the students' Certificates as that is the CODA definition of the program. An issue arose from the TAMU Registrar Office when they printed the Certificates as "Maxillofacial Surgery". The Registrar used this name because the THECB inventory showed the program as Maxillofacial Surgery. The inventory name is incorrect according to CODA and the CIP used by the Department of Education and the THECB. We noted in the past that "Oral" was left off of the inventory name and thought it was just an abbreviation of the correct CIP name. Before the College of Dentistry joined the University and we printed our own Certificates, we simply put the correct CODA name on the Certificates when we had them printed. The Registrar's Office informed us they must use the name of the Certificate exactly as it appears on the THECB inventory.

Therefore, we are requesting that the THECB inventory name "Maxillofacial Surgery" be changed to correctly reflect the CODA-approved name of our program, "Oral and Maxillofacial Surgery".

Should you have any questions or require additional information, please contact Kim Luttmann, in the Department of Research and Graduate Studies at 214-828-8182 or by email at kluttman@bcd.tamhsc.edu.

Attachment: THECB Existing Degree Program Title Change Request

Texas Higher Education Coordinating Board

Existing Degree Program Title Change Request

Directions: Complete this form to request a change to the title (name) of an existing degree program. The degree program must already be on an institution's program inventory. A degree program title consists of the following two parts:

- 1) degree designation, such as Bachelor of Science (BS), Master of Arts (MA), or Doctor of Philosophy (PhD); and,
- 2) name of the discipline, such as History, Mechanical Engineering, or Zoology.

NOTE: This form requires the signature of the Provost or Chief Academic Officer.

Submit the *Degree Program Title Change Request* via the Online Submission Portal:

<https://www1.theccb.state.tx.us/apps/proposals/>

Information: Contact the Division of Academic Quality and Workforce at 512/427-6200.

Administrative Information

1. Institution:

Texas A&M University

Note: This change effects the Program Inventory of Texas A&M University and the Texas A&M University Health Science Center. The Certificate program is under the College of Dentistry.

2. Current Degree Program Title – Show how the program appears on the Coordinating Board's approval letter (e.g., Bachelor of Business Administration degree with a major in Accounting):

Certificate in Maxillofacial Surgery

3. Degree Program CIP Code:

51.0507

4. Contact Person: Provide contact information for the person who can answer specific questions about the degree program.

Name: **Dr. Larry L. Bellinger**

Title: **Associate Dean, Research & Graduate Studies**

E-mail: **lbelling@bcd.tamhsc.edu**

Phone: **214.828.8322**

Request Change in Name of Discipline (e.g., History, Mechanical Engineering, or Zoology)

Current Name: **Maxillofacial Surgery**

Proposed Name: **Oral & Maxillofacial Surgery**

Implementation Date (MM/DD/YYYY): **06/01/2017**

Reason for Change:

Describe why this change would be beneficial to students and/or the program.

The name "Oral & Maxillofacial Surgery" better reflects the full content of the material presented in this Certificate program. This name is consistent with the subject title of the current CIP Code of 51.0507. Additionally, it is important that our students be awarded a Certificate in Oral & Maxillofacial Surgery in order to match the specialty name that was approved by CODA (Council on Dental Accreditation) in 1966 when the program was first approved and therefore should be displayed on all Certificates awarded under that specialty.

Signature of Compliance

I hereby certify that all of the above changes have been approved in accordance with the procedures required by my institution, system office, and Board of Regents, as applicable.

Provost/Chief Academic Officer

Date