Generally, dental postgraduate programs in Endodontics, Orthodontics, Pediatric Dentistry, Periodontics, and Prosthodontics involve: (1) rigorous clinical training in the UTHSC College of Dentistry leading to a dental specialty certificate, and (2) clinically valuable scientific research in the UTHSC College of Graduate Health Sciences leading to a MDS degree. For residents enrolled in these programs, successful completion and graduation necessitates fulfillment of requirements specified by the College of Dentistry and the College of Graduate Health Sciences. Upon satisfactory completion of all requirements, the awarding of a dental specialty certificate and a MDS degree are inter-dependent and occur simultaneously at the end of the formal educational experience.

If circumstances necessitate deviation from the normal educational process and the typical awarding of certificate and degree, the resident’s clinical Program Director must petition the Associate Dean of Postgraduate Affairs, in the College of Dentistry, for a Waiver of Routine Resident Progress to Completion. This request must document, in detail the rationale for special consideration, the resident’s existing circumstances, the need to deviate from the norm, expected timing of residency completion, expected timing of research program completion, anticipated graduation dates from the College of Dentistry and the College of Graduate Health Sciences, and any additional information pertinent to the situation.

Once the Waiver of Routine Resident Progress to Completion is accepted by the Associate Dean of Postgraduate Affairs as sufficiently detailed, consultation with other interested parties may be necessary (e.g., resident in question, clinical Program Director, Department Chair, Faculty Research Advisor, Faculty Research Committee, MDS Program Chair, Dean of the College of Dentistry, Dean of the College of Graduate Health Sciences, etc.). The Associate Dean of Postgraduate Affairs will consider all available information, determine the legitimacy and timing of the requested waiver, and inform all parties affected by the waiver regarding the decision moving forward.

**ACADEMIC DUE PROCESS:** If a Waiver of Routine Progress to Completion is initiated but denied, a written request to appeal this decision may be submitted to the office of the Dean in the College of Dentistry. The request must be submitted within 5 working days of receipt of the original notification. A committee will be developed by the Dean in the College of Dentistry, with collaboration of the Dean in the College of Graduate Health Sciences, and will gather to address the appeal process. The appeal hearing will be promptly scheduled, permitting reasonable time for preparation. At the appeal hearing, all parties will have the opportunity to present pertinent documentation and testimony, which may include statements by, and questioning of, other involved individuals. Any person(s), excluding legal counsel, may appear before the committee to contribute to the process. Conduct of committee proceedings and the appeal hearing will occur without legal counsel present. Result of the appeal hearing will be communicated in writing to all interested parties within 5 working days of the hearing, excluding holidays and administrative closings. Decisions of this committee are final.
REQUEST FOR
Waiver of Routine Progress to Completion

Please indicate the circumstances that necessitate deviation from normal progress through the dental postgraduate training program and typical awarding of certificate and degree. This request must document, in detail, the involved resident’s name and postgraduate training to date, all information related to the rationale for special consideration, the resident’s existing circumstances, the need to deviate from the norm, expected timing of residency completion, expected timing of research program completion, anticipated graduation dates from the College of Dentistry and the College of Graduate Health Sciences, and any additional information pertinent to the situation.

Print/Type Name
Dental Postgraduate Program Director

Signature
Dental Postgraduate Program Director

Date

----Provide original/signed document to the UTHSC College of Dentistry, Associate Dean of Postgraduate Affairs----