## UC 8903 06F

## CBM003 ADD/CHANGE FORM

	$\boxtimes$	☑ Undergraduate Council 0	r	Graduate/Professional Studies Council
		⊠ New Course □ Course Change	ĺ	☐ New Course ☐ Course Change
	Co	Core Category: NONE Effective Fall 2007		Effective Fall
	1.	•		ege: PHAR
	2. Person Submitting Form: Rajender Aparasu Telephone: 713-795-8374			
P (4	3. - PS	<ul> <li>Course Information on New/Revised course:</li> <li>Instructional Area / Course Number / Long Course</li> <li>PHSC / 3200 / LLS HEALTH CARE SYSTEMS</li> </ul>	se Ti	APPROVED JAN 2 4 2007
Instructional Area / Course Number / Short Course Title (30 characters max.)  PHSC / 3200 / U.S. HEALTH CARE SYSTEMS				
		• SCH: <u>2.00</u> Level: <u>JR</u> CIP Code: Lect	t Hrs	: <u>2</u> Lab Hrs: <u>0</u>
	4. Justification for adding/changing course: To provide for new discipline areas			
	5.	<ul> <li>Was the proposed/revised course previously offered If Yes, please complete:</li> <li>Instructional Area / Course Number / Long Course//</li></ul>		<u> </u>
	6.	. Is this course offered for undergraduate credit only?	X [X	es No
	7.	<ul> <li>Authorized Degree Program(s): BS in Pharmaceutica</li> <li>Does this course affect major/minor requirements</li> <li>Does this course affect major/minor requirements</li> <li>Are special fees attached to this course? Yes</li> <li>Can the course be repeated for credit? Yes</li> </ul>	in the in o	ne College/Department?
	8.	Grade Option: Letter (A, B, C) Instruction	Туре	: <u>lecture</u>
	9.	If this form involves a change to an existing course, the course inventory: Instructional Area / Course Nu//		
		• Start Date (yyyy3): Content I.D.:	_	
	10.	O. Proposed Catalog Description: (If there are no prered Cr: 2 (2-0). Prerequisites: None Description (30 woon medication use in healthcare.		max.); U.S. health care systems with an emphasis
	11.	1. Dean's Signature:		Date: 9/7/06
		Print/Type Name: <u>Dean Sunny E. Ohia, Ph.D.</u>		,