UC 8958 06F

CBM003 ADD/CHANGE FORM

☑ Undergraduate Cour☑ New Course ☐ Cour	rse Change	or	☐ New Course ☐ Co	nal Studies Council urse Change
Core Category:	Effective Fall 2007		Effective Fall	· · · · · · · · · · · · · · · · · · ·
1. Department: PPS Co	ollege: PHAR		REC	EIVED OCT 0 3 2006
2. Person Submitting Form: Kelly Standifer/Shara Zatopek Telephone: 3-1771/3-1262				
3. Course Information on New/Revised course: • Instructional Area / Course Number / Long Course Title: • PHSC / 3396 / Senior Research Project				
• Instructional Area / Course Number / Short Course Title (30 characters max.) PHSC / 3396 / SENIOR RESEARCH PROJECT				
• SCH: <u>3.00</u> Level: <u>JR</u> CIP Code: Lect Hrs: <u>3</u> Lab Hrs: <u>0</u>				
4. Justification for adding/changing course: To provide for new discipline areas				
 5. Was the proposed/revised course previously offered as a special topics course? Yes No If Yes, please complete: • Instructional Area / Course Number / Long Course Title://				
Content ID: Start Date (yyyy3):				
6. Is this course offered for undergraduate credit only? X Yes No				
 7. Authorized Degree Program(s): B.S. Pharmaceutical Sciences Does this course affect major/minor requirements in the College/Department? Yes No Does this course affect major/minor requirements in other Colleges/Departments? Yes No Are special fees attached to this course? Yes No Can the course be repeated for credit? Yes No 				
8. Grade Option: S/U (sa	tisfactory/unsatisfactory)	Inst	ruction Type: <u>independer</u>	nt study
 9. If this form involves a change to an existing course, please obtain the following information from the course inventory: Instructional Area / Course Number / Long Course Title//				
10. Proposed Catalog Desc Cr: 3. (3). Prerequisite research culminating in	cription: (If there are no p			ords max.): Directed Date:
11. Dean 8 Signature.	7/			

Print/Type Name: Sunny E. Ohia, Ph.D.