CBM003 ADD/CHANGE FORM

UC 8963 06F

or

☒ **Undergraduate Council** ☒ **New Course** ☐ **Course Change** **Core Category:** _____ **Effective Fall 2007**	☐ **Graduate/Professional Studies Council** ☐ **New Course** ☐ **Course Change** **Effective Fall __**

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1. Department: <u>PPS</u>   College: PHAR

2. Person Submitting Form: <u>Kelly Standifer/Shara Zatopek</u>   Telephone: <u>3-1771/3-1262</u>

3. Course Information on New/Revised course:
   APPROVED JAN 2 4 2007
   - Instructional Area / Course Number / Long Course Title:
   PHPS   PHSC / 3498 / <u>Special Problems in Pharmaceutical Sciences</u>

   - Instructional Area / Course Number / Short Course Title (30 characters max.)
   PHPS   PHSC / 3498 / <u>SP PROB IN PHARMACEUTICAL SCI.</u>

   - SCH: <u>4.00</u>   Level: <u>JR</u>   CIP Code: _____   Lect Hrs: <u>4</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? ☒ Yes ☐ No

7. Authorized Degree Program(s): <u>B.S. Pharmaceutical Sciences</u>
   - 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: <u>S/U (satisfactory/unsatisfactory)</u>   Instruction Type: <u>independent study</u>

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
   _____ / _____ / _____

   - Start Date (yyyy3): _____   Content I.D.: _____

10. Proposed Catalog Description: (If there are no prerequisites, type in "none".)
    Cr: 4 (4). Prerequisites: Junior standing in PHSC and permission approved of dept chair or designate.   Description (30
    words max.): Supervised research experience in pharmaceutical sciences.

11. Dean's Signature: _____   Date: 9/28/06

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