## UC 8974 06F

## CBM003 ADD/CHANGE FORM

	Undergraduate Council  New Course	or	☐ Graduate/Profession ☐ New Course ☐ Control  Effective Fall	onal Studies Council ourse Change
	Department: Clinical and Administrative Scien  Person Submitting Form: Rajender Aparasu			RECEIXED OCT 0 3 2006
	Course Information on New/Revised course:  Instructional Area / Course Number / Long ( PHSC / 4303 / HEALTHCARE AND PHAI	Course T	itle:	APPROVED JAN 2 4 200
1+ PS	TIDE / 4505 / TIMAWACEO HEAE WAN	KETINO	<u> </u>	
	• SCH: <u>3.00</u> Level: <u>SR</u> CIP Code:	Lect H	rs: <u>3</u> Lab Hrs: <u>0</u>	
4.	Justification for adding/changing course: To pr	ovide fo	r new discipline areas	
	Was the proposed/revised course previously off If Yes, please complete:  Instructional Area / Course Number / Long ( / /		•	∐Yes ⊠No
	• Content ID: Start Date (yyyy3):			
6.	Is this course offered for undergraduate credit o	nly? 🖂	Yes No	e e e e e e e e e e e e e e e e e e e
•	<u> </u>	nents in	the College/Department? other Colleges/Department  No	<u> </u>
8.	Grade Option: <u>Letter (A, B, C)</u> Instruc	tion Typ	e: <u>lecture</u>	
1	If this form involves a change to an existing course the course inventory: Instructional Area / Course///	• -	-	nformation from
•	• Start Date (yyyy3): Content I.D.:			
(	Proposed Catalog Description: (If there are no p Cr:3. (3-0). Prerequisites: PHSC 3200. Descri in healthcare with an emphasis on pharmaceutic	iption (3	0 words max.): Marketing cts and services	
11. I	Dean's Signature:			Date:
	Print/Type Name: <u>Dean Sunny E. Ohia, Ph.D.</u>			