UC 8977 06F

CBM003 ADD/CHANGE FORM

	\boxtimes	Undergraduate Council	or	Graduate/Professiona	l Studies Council
	⊠ New Course ☐ Course Change			☐ New Course ☐ Course Change	
	Co	re Category: Effective Fall 2007		Effective Fall	
	1.	Department: PPS College: PHAR	·	RE	CEIVED OCT 0 3 2006
	2. Person Submitting Form: Kelly Standifer/Shara Zatopek Telephone: 3-1771/3-1262				2
PH	3. ρς	Course Information on New/Revised course: • Instructional Area / Course Number / Long • PHSC / 4396 / Senior Research Project	Course Ti	tle: APF	PROVED JAN 2 4 2007
7н	P 5	 Instructional Area / Course Number / Short Course Title (30 characters max.) <u>PHSC</u> / <u>4396</u> / <u>SENIOR RESEARCH PROJECT</u> 			
		• SCH: <u>3.00</u> Level: <u>SR</u> CIP Code:	Lect Hr	s: <u>3</u> Lab Hrs: <u>0</u>	
	4.	4. Justification for adding/changing course: To provide for new discipline areas			
	5.	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): B.S. Pharmaceutical Sciences Does this course affect major/minor requirements in the College/Department? 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: SI (satisfactory/unsatisfactory/in	progress) Instruction Type: <u>ir</u>	ndependent study
	9.	If this form involves a change to an existing course the course inventory: Instructional Area / Course//	se Numbe		rmation from
	Start Date (yyyy3): Content I.D.:				
	10.	Proposed Catalog Description: (If there are no page 7 % 35 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	orerequisi or desig ved repor	t.	
	11.	Dean's Signature:			Date: 9/7/06
		Print/Type Name: Sunny E. Ohia, Ph.D.			