UC 8979 06F

CBM003 ADD/CHANGE FORM

| | ✓ Undergraduate Council ✓ New Course ☐ Course Change ✓ Core Category: Effective Fall 2007 Or Graduate/Professional Studies Council ☐ New Course ☐ Course Change Effective Fall |
|------|---|
| 1 | RECEIVED OCT 0.3 200 |
| 2 | Person Submitting Form: Kelly Standifer/Shara Zatopek Telephone: 3-1771/3-1262 |
| PHPS | • Instructional Area / Course Number / Long Course Title: |
| 914 | • Instructional Area / Course Number / Short Course Title (30 characters max.) PHSC / 4399 / SENIOR HONORS THESIS |
| | • SCH: <u>3.00</u> Level: <u>SR</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? 🛛 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: S/U (satisfactory/unsatisfactory) Instruction Type: independent 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// • Start Date (yyyy3): Content I.D.: |
| 1. | |
| 11 | O. Proposed Catalog Description: (If there are no prerequisites, type in "none".) Cr.3. (3). Prerequisites: Approved of dept chair or designate. Description (30 words max.): Directed research culminating in a Senior Honors Thesis. |
| 1 | 1. Dean's Signature: Date: Date: |
| | Print/Type Name: Sunny E. Ohia, Ph.D. |