

## 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. Department: PPS College: PHAR

RECEIVED OCT 03 2006

2. Person Submitting Form: Kelly Standifer/Shara Zatopek Telephone: 713-743-1262

APPROVED JAN 24 2007

3. Course Information on New/Revised course:

• Instructional Area / Course Number / Long Course Title:

*PHPS* PHSC / 3296 / Senior Research Project

• Instructional Area / Course Number / Short Course Title (30 characters max.)

*PHPS* PHSC / 3296 / SENIOR RESEARCH PROJECT 2

• SCH: 2.00 Level: JR CIP Code: \_\_\_\_\_ Lect Hrs: 28 Lab Hrs: 0

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?  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 (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.: \_\_\_\_\_

10. Proposed Catalog Description:

*2. - 0*  
Cr: (2) Prerequisites: *approval* of dept chair or designate. Description (30 words max.): Directed research  
culminating in a departmentally approved report.

11. Dean's Signature: \_\_\_\_\_

Date: 9/28/06

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