

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 \_\_

RECEIVED OCT 03 2006

1. Department: PPS College: PHAR  
 2. Person Submitting Form: Kelly Standifer/Shara Zatopek Telephone: 3-1771/3-1262

APPROVED JAN 24 2007

3. Course Information on New/Revised course:  
 • Instructional Area / Course Number / Long Course Title:  
~~PHSC~~ / 3400 / Human Physiology and Pathophysiology II  
 • Instructional Area / Course Number / Short Course Title (30 characters max.)  
~~PHSC~~ / 3400 / PATHOPHYSIOLOGY II  
 • SCH: 4.00 Level: JR CIP Code: \_\_\_\_\_ Lect Hrs: 4 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: Letter (A, B, C ...) Instruction Type: lecture

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 (4-0). Prerequisites: PHSC 3300. Description (30 words max.): Human physiology and pathophysiology of cardiovascular, respiratory, renal, gastrointestinal, reproductive, and endocrine systems.

11. Dean's Signature: \_\_\_\_\_ Date: 9/7/06

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