

CBM003 ADD/CHANGE FORM

<input checked="" type="checkbox"/> Undergraduate Council
<input checked="" type="checkbox"/> New Course <input type="checkbox"/> Course Change
Core Category: <u>None</u> Effective Fall <u>2009</u>

or

<input type="checkbox"/> Graduate/Professional Studies Council
<input type="checkbox"/> New Course <input type="checkbox"/> Course Change
Effective Fall <u> </u>

RECEIVED OCT 17 2008

1. Department: PPS College: PHAR
2. Faculty Contact Person: Catherine Hatfield Telephone: 3-4292 Email: chatfield@uh.edu
3. Course Information on New/Revised course:
 - Instructional Area / Course Number / Long Course Title:
PHPS / 4198 / Special Problems in Pharmaceutical Sciences
 - Instructional Area / Course Number / Short Course Title (30 characters max.)
PHPS / 4198 / SP PROB IN PHARMACEUTICAL SCI
 - SCH: 1.0 Level: SR CIP Code: 51.2099.01 Lect Hrs: 0 Lab Hrs: 3
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:
 / /
 - Course ID: Effective Date (currently active row):
6. 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
 - Can the course be repeated for credit? Yes No (if yes, include in course description)
7. Grade Option: S/U (satisfactory/unsatisfactory) Instruction Type: independent study (Note: Lect/Lab info. must match item 3, above.)
8. 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
 / /
 - Course ID: Effective Date (currently active row):
9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)
Cr: 1. (0-3). Prerequisites: Senior standing in PHPS and approval of chair or designate. Description (30 words max.): Supervised research experience in pharmaceutical sciences.
10. Dean's Signature: _____ Date: 10/16/08
Print/Type Name: Dean Mustafa F. Lokhandwala, Ph.D.