


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>

1. Department: PPS College: PHAR RECEIVED OCT 17 2008
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 / 3396 / Research Project
 - Instructional Area / Course Number / Short Course Title (30 characters max.)
PHPS / 3396 / RESEARCH PROJECT
 - SCH: 3.00 Level: JR CIP Code: 51.2099.01 Lect Hrs: 0 Lab Hrs: 2⁹⁸
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: 3. (0-9). Prerequisites: Permission of departmental chair or designate. Description (30 words max.):
Directed research culminating in a departmentally approved report.
10. Dean's Signature:  Date: 10/14/08
- Print/Type Name: Dean Mustafa F. Lokhandwala, Ph.D.