

## CBM003 ADD/CHANGE FORM

Undergraduate Council  
 New Course    Course Change  
 Core Category: None   Effective Fall 2009

or

Graduate/Professional Studies Council  
 New Course    Course Change  
 Effective Fall \_\_

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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 / 4498 / Special Problems in Pharmaceutical Sciences
  - Instructional Area / Course Number / Short Course Title (30 characters max.)  
PHPS / 4498 / SP PROB IN PHARMACEUTICAL SCI
  - SCH: 4.00   Level: SR   CIP Code: 51.2099.01   Lect Hrs: 0   Lab Hrs: 2 <sup>128</sup>
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: 4. (0-12). 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: 10/14/08  
 Print/Type Name: Dean Mustafa F. Lokhandwala, Ph.D.