UC 1138/ 11F

CBM003 Add/Change Form  APPROXED DEC 0.7 2011				
<ul> <li>☑ Undergraduate Council</li> <li>☑ New Course ☑ Course Change</li> <li>Core Category: Effective Fall 2012</li> </ul>		or	Graduate/Pro New Course Effective Fall 2012	ofessional Studies Council Course Change
1.	Department: College of Pharmacy College: P	<u>'HAR</u>		
2.	Faculty Contact Person: Andrea Smesny Telephone: 713-743-1298 Email: smesny@uh.edu			
3.	<ul> <li>Course Information on New/Revised course:</li> <li>Instructional Area / Course Number / Long Course Title:  ———————————————————————————————————</li></ul>			
4.	Justification for adding/changing course: To delete course from inventory			
5.	<ul> <li>Was the proposed/revised course previously offered as a special topics course? ✓ Yes ☐ No If Yes, please complete:</li> <li>• Instructional Area / Course Number / Long Course Title:</li> <li>PHAR / 2198 / Independent Study</li> </ul>			
	• Course ID: 45100 Effective Date (currently active row): 8202007			
6.	<ul> <li>Authorized Degree Program(s): None</li> <li>Does this course affect major/minor requirements in the College/Department?  ☐ Yes ☒ No</li> <li>Does this course affect major/minor requirements in other Colleges/Departments? ☐ Yes ☒ No</li> <li>Can the course be repeated for credit? ☐ Yes ☒ No (if yes, include in course description)</li> </ul>			
7.	Grade Option: MU (multiple types) Instruction Type: lecture ONLY (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	y active r	ow):	
9.	Proposed Catalog Description: (If there are no prerequisites, type in "none".)			
	Cr: 0. (). Prerequisites: Description (	30 words	max.):	
10.	Dean's Signature:			Date: <u>/0//2//</u> /

Print/Type Name: F. Lamar Pritchard, Ph.D.