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 _____

1. Department: PPS  College: PHAR

2. Person Submitting Form: Kelly Standifer/Shara Zatopek  Telephone: 3-1771/3-1262

3. Course Information on New/Revised course:
   • Instructional Area / Course Number / Long Course Title:
     PHSC / 3100 / Careers in Pharmaceutical Sciences
   • Instructional Area / Course Number / Short Course Title (30 characters max.):
     PHSC / 3100 / CAREERS IN PHARMACEUTICAL SCI.
   • SCH: 1.00  Level: JR  CIP Code: _____  Lect Hrs: 1  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: seminar

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: 1. (1-0).  Prerequisites: None  Description (30 words max.): An overview of various career opportunities
    in the pharmaceutical sciences, presented by professionals in those areas.

11. Dean’s Signature: ___________________________  Date: 9/7/06

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