CBM003 ADD/CHANGE FORM

| ☑ Undergraduate Council | ☐ Graduate/Professional Studies Council |
| ☑ New Course ☐ Course Change | ☐ New Course ☐ Course Change |
| Core Category: NONE Effective Fall 2007 | |
| or | Effective Fall |

1. Department: Clinical and Administrative Sciences  
   College: PHAR

2. Person Submitting Form: Rajender Aparasu  
   Telephone: 713-795-8374

3. Course Information on New/Revised course:
   - Instructional Area / Course Number / Long Course Title:
     PHSC / 3200 / U.S. HEALTH CARE SYSTEMS
   - Instructional Area / Course Number / Short Course Title (30 characters max.):
     PHSC / 3200 / U.S. HEALTH CARE SYSTEMS
   - SCH: 2.00  Level: JR  CIP Code: _____  Lect Hrs: 2  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): BS in 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: lecture

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.2 (2-0).  Prerequisites: None  Description (30 words max.): U.S. health care systems with an emphasis
               on medication use in healthcare.

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

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