

## 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 \_\_

RECEIVED OCT 03 2006

APPROVED JAN 24 2007

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:  
 PHPS PHSC / 4201 / PHARMACEUTICAL SYSTEMS MANAGEMENT  
 • Instructional Area / Course Number / Short Course Title (30 characters max.)  
 PHPS PHSC / 4201 / SYSTEMS MANAGEMENT  
 • SCH: 2.0 Level: SR 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: PHSC 3200. Description (30 words max.): Financial, human, and systems management related to pharmaceutical organizations

11. Dean's Signature: \_\_\_\_\_

Date: 9/7/06

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