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/ 4396 / Senior Research Project
   • Instructional Area / Course Number / Short Course Title (30 characters max.)
     PHSC/ 4396 / SENIOR RESEARCH PROJECT
   • SCH: 3.00  Level: SR  CIP Code: _____ Lect Hrs: 3  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: SI (satisfactory/unsatisfactory/in progress)  Instruction Type: independent study

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.3 (3). Prerequisites: Approval of dept chair or designate.  Description (30 words max.): Directed
        research culminating in a departmentally approved report.

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

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