CBM003 ADD/CHANGE FORM

☒ Undergraduate Council
☒ New Course ☐ Course Change
Core Category: ______ Effective Fall 2007

☐ Graduate/Professional Studies Council
☐ New Course ☐ Course Change

1. Department: PPS  College: PHAR
   Person Submitting Form: Kelly Standifer/Shara Zatopek  Telephone: 3-1771/3-1262

2. Course Information on New/Revised course:
   • Instructional Area / Course Number / Long Course Title:
     PHSC/4400/Pharmacology I
   • Instructional Area / Course Number / Short Course Title (30 characters max.)
     PHSC/4400/PHARMACOLOGY I
   • SCH: 4.00  Level: SR  CIP Code: ______  Lect Hrs: 4  Lab Hrs: 0

RECEIVED OCT 03 2006
APPROVED JAN 24 2007

3. Justification for adding/changing course: To provide for new discipline areas

4. 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): ______

5. Is this course offered for undergraduate credit only? ☒ Yes  ☐ No

6. 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

7. Grade Option: Letter (A, B, C ...)  Instruction Type: lecture

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
   _______/______/
   • Start Date (yyyy3): ______  Content I.D.: ______

9. Proposed Catalog Description: (If there are no prerequisites, type in "none").
   Cr: ¥ (4-0). Prerequisites: PHSC 3400. Description (30 words max.): Study of the mechanism of action of
drugs used to modulate the autonomic nervous system, and for the treatment of diseases, including allergic
disorders, asthma, cancer, pain and heart disease.

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

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