CBM003 ADD/CHANGE FORM

- Undergraduate Council
- New Course  □ Course Change
Core Category: □ B.S.  Effective Fall 2009

or

- □ Graduate/Professional Studies Council
- □ New Course  □ Course Change

Effective Fall __

1. Department: PPS  College: PHAR

2. Faculty Contact Person: Catherine Chatfield  Telephone: 3-4292  Email: chatfield@uh.edu

3. Course Information on New/Revised course:
   - Instructional Area / Course Number / Long Course Title:
     PHPS / 4498 / Special Problems in Pharmaceutical Sciences
   - Instructional Area / Course Number / Short Course Title (30 characters max.)
     PHPS / 4498 / SP PROB IN PHARMACEUTICAL SCI
   - SCH: 4.00  Level: SR  CIP Code: 51.2099.01  Lect Hrs: 0  Lab Hrs: 2

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:
     ___ / ___ / ___
   - Course ID: _____  Effective Date (currently active row): ____

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
   - Can the course be repeated for credit?  □ Yes  □ No (if yes, include in course description)

7. Grade Option: S/U (satisfactory/unsatisfactory)  Instruction Type: independent study  (Note: Lect/Lab info. must match item 3, above.)

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
     ___ / ___ / ___
   - Course ID: _____  Effective Date (currently active row): ____

9. Proposed Catalog Description: (If there are no prerequisites, type in "none").
   Cr: 4. (0-12).  Prerequisites: Senior standing in PHPS and approval of chair or designate.  Description
   (30 words max.): Supervised research experience in pharmaceutical sciences.

10. Dean’s Signature: ________________________________  Date: 10/14/08
    Print/Type Name: Dean Mustafa F. Lokhandwala, Ph.D.

- Created on 10/6/2008 11:22:00 AM -