

Revised 7/23/07

**PROPOSAL SUMMARY AND ROUTING FORM**






**Proposal Title:** Change PHR 625 to: May Repeat

**Initiating Unit or Individual:** College of Pharmacy, Department of Pharmacy Practice

**Contact Person's Name:** Greg Wellman, Ph.D. e-mail: wellmang@ferris.edu phone: 591-2239

**Date or Term of Proposal Implementation:** Fall, 2008 ~~2009~~ 05

- Group I - A – New degree/major or major, redirection of a current offering, or elimination of a degree, major or minor
- Group I - B – New minors or concentrations
- Group II - A – Minor curriculum clean-up and course changes
- Group II - B – New Course
- Group III - Certificates
- Group IV – Off-Campus Programs

Group/Individual	Signature	Date	Vote/Action *
College Curriculum Committee		2/21/08	<input checked="" type="checkbox"/> Support 5-0-0 <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
College Faculty		8/25/08	<input type="checkbox"/> Support 23-1-0 <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Dean		12/11/08	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
University Curriculum Committee		1/27/09	<input checked="" type="checkbox"/> Support 6-0-0 <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Senate		1/27/09	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Academic Affairs		1/29/09	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support

\* Support with Concerns or Not Support must include a list of specific concerns. Votes must be shown for faculty groups. Administrators check appropriate action taken.

<b>To be completed by Academic Affairs</b>		
<b>President (Date Approved)</b>	<b>Board of Trustees (Date Approved)</b>	<b>President's Council (Date Approved)</b>

REC'D JAN 28 2009

**1. Proposal Summary**

(Summary is generally less than one page. Briefly state what is proposed with a summary of rationale and highlights. Additional rationale may be attached.)

**Change the form F for this course to reflect that a student may repeat this elective rotation for additional credit.**

**2. Summary of All Course Action Required\***

**a. Newly Created Courses to FSU:**

<b>Prefix</b>	<b>Number</b>	<b>Title</b>
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**b. Courses to be Deleted From FSU Catalog:**

<b>Prefix</b>	<b>Number</b>	<b>Title</b>
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**c. Existing Course(s) to be Modified:**

<b>Prefix</b>	<b>Number</b>	<b>Title</b>
<b>PHPR</b>	<b>625</b>	<b>Specialized Areas of Community Pharmacy Practice</b>

**d. Addition of existing FSU courses to program**

<b>Prefix</b>	<b>Number</b>	<b>Title</b>
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**e. Removal of existing FSU courses from program**

<b>Prefix</b>	<b>Number</b>	<b>Title</b>
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\*Contact Senate Secretary or UCC Chair if spaces for additional courses are needed.

**MODIFY COURSE**  
**Course Data Entry Form**

**FORM F**

**Modify Course**  
**Rev. 07/23/07**

**I. ACTION TO BE TAKEN: MODIFY AN EXISTING COURSE**

Notes:

1. Complete all parts of Sections I and II; complete only those items in Section III that represent changes.
2. If either prefix or number is being changed, use 'Delete Course' and 'Create New Course' forms rather than this form.

a. List the changes to be made (See Proposed Changes a through p below):

b. Term Effective (6 digit code only):  Examples: 200801(Spring), 200805(Summer), 200808(Fall)  
**Note: The first four digits indicate year, the next two digits indicate month in which term begins.**

**II. CURRENT:** Include information that is in the current course database.

a. Course Prefix  b. Number  c. Enter Contact Hours per week in boxes.  
LECTure  LAB  INDEpendent Study – Check (x)   
Practicum:  Seminar:

d. Course Title:

**III. PROPOSED CHANGES:** Complete only those boxes that represent proposed changes identified in Section I. Leave all other spaces blank.

a. Course Prefix  b. Number  c. Enter Contact Hours per week in boxes.  
LECTure  LAB  INDEpendent Study – Check (x)   
Practicum:  Seminar:

d. Course Title:  (Limit to 30 characters/spaces.)

e. College Code:  f. Department Code:

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

g. Type:  Variable  Fixed h. Maximum Credit Hours  i. Minimum Credit Hours

j. May Be Repeated for Added Credit: Check (x)  Yes  No NOTE: May repeat X2

k. Levels: Check (x)  Undergraduate  Graduate  Professional


l. Grade Method: Check (x)  Normal Grading  Credit/No Credit only (Pass/Fail)

m. CATALOG DESCRIPTION – Limit to 75 words – PLEASE BE CONCISE.

n. Term(s) Offered:  (See instructions for listing.) o. Max. Section Enrollment:

p. Prerequisites/Co-requisites/Restrictions: Limited to 100 spaces.

UCG Chair Signature/Date:

 1/27/09

Academic Affairs Approval Signature/Date:

 1/27/09

To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code

Basic Skill (BS)  General Education (GE)  Occupational Education (OC)  G.E. Codes

**Office of the Registrar use ONLY**

Date Rec'd: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Entered: SCACRSE \_\_ SCADETL \_\_ SCARRES \_\_ SCAPREQ \_\_