

APPLICATION FOR NEW COURSE

1. Submitted by College of PHARMACY Date _____
Department/Division offering course PHARMACY PRACTICE AND SCIENCE

2. Proposed designation and Bulletin description of this course

a. Prefix and Number PHR 966 b. Title* ADVANCED PHARMACOTHERAPY III

*NOTE: If the title is longer than 24 characters (including spaces), write
A sensible title (not exceeding 24 characters) for use on transcripts _____

c. Lecture/Discussion hours per week 8 (part of term) d. Laboratory hours per week 6 (part of term)

e. Studio hours per week _____ f. Credits 5

g. Course description

**A continuation of 957. Variable mixture of discussion, lecture, independent study and laboratory.
Taught part of term.**

h. Prerequisites (if any) ADMISSION TO THIRD YEAR, COLLEGE OF PHARMACY, PHR 956, PHR 957 and
PHR 959

i. May be repeated to a maximum of _____ (if applicable)

4. To be cross-listed as

Prefix and Number

Signature, Chairman, cross-listing department

5. Effective Date SPRING 05 (semester and year)

6. Course to be offered Fall Spring Summer

7. Will the course be offered each year? Yes No
(Explain if not annually)

8. Why is this course needed?

**Part of a new course sequence integrating and replacing material formerly taught in parallel separate
courses (3 and 7 credits each semester) into two new integrated courses (5 and 5 credits each semester).**

9. a. By whom will the course be taught? Faculty in the College of Pharmacy and the Department of
Pathology, College of Medicine

b. Are facilities for teaching the course now available? Yes No
If not, what plans have been made for providing them?

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10. What enrollment may be reasonably anticipated? 100
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11. Will this course serve students in the Department primarily? Yes No
Will it be of service to a significant number of students outside the Department?
If so, explain. Yes No
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- Will the course serve as a University Studies Program course? Yes No
If yes, under what Area? _____
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12. Check the category most applicable to this course
- traditional; offered in corresponding departments elsewhere;
 - relatively new, now being widely established
 - not yet to be found in many (or any) other universities
13. Is this course applicable to the requirements for at least one degree or certificate at the University of Kentucky? Yes No
14. Is this course part of a proposed new program:
If yes, which? Yes No
-
15. Will adding this course change the degree requirements in one or more programs? * Yes No
If yes, explain the change(s) below
**New course sequence of four 5 credit courses will replace sequence of two 3 and two 7 credit courses.
There is no change in the total number of credits taken during the semester or in the total number of credits required for graduation.**
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16. Attach a list of the major teaching objectives of the proposed course and outline and/or reference list to be used.
17. If the course is a 100-200 level course, please submit evidence (e.g., correspondence) that the Community College System has been consulted.
18. Within the Department, who should be contacted for further information about the proposed course?
- Name Dr. Donald Perrier Phone Extension 3-2769

*NOTE: Approval of this course will constitute approval of the program change unless other program modifications are proposed.

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Signatures of Approval:

Department Chair	Date
Dean of the College	Date
*Undergraduate Council	Date
*University Studies	Date
*Graduate Council	Date
*Academic Council for the Medical Center	Date
*Senate Council (Chair)	Date of Notice to University Senate

*If applicable, as provided by the Rules of the University Senate

ACTION OTHER THAN APPROVAL