

Memorandum

TO: Heidi M. Anderson, Ph.D.
Associate Provost for Faculty Affairs

FROM: William C. Lubawy, Ph.D.
Executive Associate Dean

DATE: March 14, 2008

RE: Course and program changes for the College of Pharmacy

The Faculty of the College of Pharmacy have approved the following course and program changes for the Doctor of Pharmacy Program.

1. PHR 928 Change in course title and bulletin description
2. PHR 948 New Course
3. PHR 988 Change in credit hours from 4 to 3-6
4. Pharm.D. Program Change from 158 to 164 Credits and addition of PHR 948.

Included in this package are a syllabus for PHR 948 and a copy of the current and proposed Pharm.D. curricula.

We are submitting these changes for discussion and approval by the HCCC.

A paper copy of these changes, with appropriate signatures, will be delivered to your office.

CC: Dr. Peggy Piascik, Curriculum Committee Chair
Dr. Trish Freeman, Course Director
Dr. Jimmi Hatton, PPS Department Chair

UNIVERSITY OF KENTUCKY REQUEST FOR CHANGE IN DOCTORAL DEGREE PROGRAM

Program:			
Department/Division:			
College:		Bulletin pp.:	
Degree title(Old):		Degree (New):	Title
CIP Code:			
Accrediting agency (if applicable):			

I. PROPOSED CHANGE(S) IN PROGRAM REQUIREMENTS		
	<u>Current</u>	<u>Proposed</u>
1. Number of transfer credits allowed		
2. Residence requirement (minimum of one year before and after Qualifying Exams)		
3. Language(s) and/or skill(s) required		
4. Provisions for monitoring progress and termination criteria		
5. Total credit hours required (if applicable)		
6. Required courses (if applicable)		
7. Required distribution of courses within program (if applicable)		
8. Minor area or courses outside program required (if applicable)		
9. Distribution of courses levels required (400G-500/600-700)		
10. Qualifying examination requirements		
NOTE: To the extent that changes in 6. or 8. above involve additional courses in other programs, please include documentation from the program(s) pertaining to the availability of such courses.		

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11. Other requirements not covered above

II. RATIONALE FOR CHANGE(S)
If the rationale involves accreditation requirements, please include specific references to those requirements.

Signatures of Approval:

Date of Approval by Department Faculty	Reported by Department Chair
Date of Approval by College Faculty	Reported by College Dean
*Date of Approval by Undergraduate Council	Reported by Undergraduate Council Chair
*Date of Approval by Graduate Council	Reported by Graduate Council Chair
*Date of Approval by Health Care Colleges Council (HCCC)	Reported by HCCC Chair
*Date of Approval by Senate Council	Reported by Senate Council Office
*Date of Approval by University Senate	Reported by Senate Council Office

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