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OCT 24 2014

OFFICE OF THE
SENATE COUNCIL**Course Information**

Date Submitted: 8/18/2014

Current Prefix and Number: PHS - Pharmaceutical Science, PHS 790 RESEARCH IN PHARM SCIS

Other Course:

Proposed Prefix and Number: PHS 790

What type of change is being proposed?

Major Change

Should this course be a UK Core Course? No

1. General Information

a. Submitted by the College of: PHARMACY

b. Department/Division: Pharmaceutical Sciences

c. Is there a change in 'ownership' of the course? No

If YES, what college/department will offer the course instead: Select...

e. Contact Person

Name: Jim Pauly

Email: jim.pauly@uky.edu

Phone: 859.323.8164

Responsible Faculty ID (if different from Contact)

Name:

Email:

Phone:

f. Requested Effective Date

Semester Following Approval: Yes OR Effective Semester:

2. Designation and Description of Proposed Course

a. Current Distance Learning (DL) Status: N/A

b. Full Title: RESEARCH IN PHARMACEUTICAL SCIENCES

Proposed Title: RESEARCH IN PHARMACEUTICAL SCIENCES

c. Current Transcript Title: RESEARCH IN PHARM SCIS

Proposed Transcript Title:

d. Current Cross-listing: none

Proposed – ADD Cross-listing :

Proposed – REMOVE Cross-listing:

e. Current Meeting Patterns

RESEARCH: 15

Proposed Meeting Patterns

RESEARCH: 15

f. Current Grading System: Graduate School Grade Scale

Proposed Grading System: *Graduate School Grade Scale*

g. Current number of credit hours: 1 - 12 (variable)

Proposed number of credit hours: 1 - 12

h. Currently, is this course repeatable for additional credit? No

Proposed to be repeatable for additional credit? Yes

If Yes: Maximum number of credit hours: May be repeated indefinitely

If Yes: Will this course allow multiple registrations during the same semester? No

2i. Current Course Description for Bulletin: Research work to be conducted in selected areas of pharmaceutical sciences.

Proposed Course Description for Bulletin: Research work to be conducted in selected areas of pharmaceutical sciences. May be repeated indefinitely.

2j. Current Prerequisites, if any: Prereq: Approval of student's special committee and consent of instructor.

Proposed Prerequisites, if any:

2k. Current Supplementary Teaching Component:

Proposed Supplementary Teaching Component:

3. Currently, is this course taught off campus? No

Proposed to be taught off campus? No

If YES, enter the off campus address:

4. Are significant changes in content/student learning outcomes of the course being proposed? No

If YES, explain and offer brief rationale:

5a. Are there other depts. and/or pgms that could be affected by the proposed change? No

If YES, identify the depts. and/or pgms:

5b. Will modifying this course result in a new requirement of ANY program? No

If YES, list the program(s) here:

6. Check box if changed to 400G or 500: No

Distance Learning Form

Instructor Name:

Instructor Email:

Internet/Web-based: No

Interactive Video: No

Hybrid: No

1. How does this course provide for timely and appropriate interaction between students and faculty and among students? Does the course syllabus conform to University Senate Syllabus Guidelines, specifically the Distance Learning Considerations?

2. How do you ensure that the experience for a DL student is comparable to that of a classroom-based student's experience? Aspects to explore: textbooks, course goals, assessment of student learning outcomes, etc.

3. How is the integrity of student work ensured? Please speak to aspects such as password-protected course portals, proctors for exams at interactive video sites; academic offense policy; etc.

4. Will offering this course via DL result in at least 25% or at least 50% (based on total credit hours required for completion) of a degree program being offered via any form of DL, as defined above?

If yes, which percentage, and which program(s)?

5. How are students taking the course via DL assured of equivalent access to student services, similar to that of a student taking the class in a traditional classroom setting?

6. How do course requirements ensure that students make appropriate use of learning resources?

7. Please explain specifically how access is provided to laboratories, facilities, and equipment appropriate to the course or program.

8. How are students informed of procedures for resolving technical complaints? Does the syllabus list the entities available to offer technical help with the delivery and/or receipt of the course, such as the Information Technology Customer Service Center (<http://www.uky.edu/UKIT/>)?

9. Will the course be delivered via services available through the Distance Learning Program (DLP) and the Academic Technology Group (ATL)? NO

If no, explain how student enrolled in DL courses are able to use the technology employed, as well as how students will be provided with assistance in using said technology.

10. Does the syllabus contain all the required components? NO

11. I, the instructor of record, have read and understood all of the university-level statements regarding DL.

Instructor Name:

SIGNATURE[CHAPPELL]Joseph Chappell|PHS 790 CHANGE Dept Review|20140814

SIGNATURE|FROMA2|Frank Romanelli|PHS 790 CHANGE College Review|20140814

SIGNATURE|JDLIND2|Jim D Lindsay|PHS 790 CHANGE HCCC Review|20140917

SIGNATURE|ZNNIKO0|Roshan N Nikou|PHS 790 CHANGE Graduate Council Review|20141024

Courses Request Tracking

Course Change Form

<https://myuk.uky.edu/sap/bc/soap/rfc?services=>

Open in full window to print or save

Generate R

Attachments:

Browse...

Upload File

| ID | Attachment |
|-------------|---------------------|
| Delete 3537 | PHS790_syllabus.pdf |

First 1 Last

Select saved project to retrieve...

Get New

NOTE: Start form entry by choosing the Current Prefix and Number
(*denotes required fields)

| | | | |
|---|---|--|---|
| Current Prefix and Number: | PHS - Pharmaceutical Science PHS 790 RESEARCH IN PHARM SCIS | Proposed Prefix & Number. (example: PHY 401G) <input checked="" type="checkbox"/> Check if same as current | PHS 790 |
| * What type of change is being proposed? | | <input checked="" type="checkbox"/> Major Change <input type="checkbox"/> Major - Add Distance Learning <input type="checkbox"/> Minor - change in number within the same hundred series, ex 799 is the same "hundred series" <input type="checkbox"/> Minor - editorial change in course title or description which do change in content or emphasis <input type="checkbox"/> Minor - a change in prerequisite(s) which does not imply a change in course content or emphasis, or which is made necessary by the significant alteration of the prerequisite(s) <input type="checkbox"/> Minor - a cross listing of a course as described above | |
| Should this course be a UK Core Course? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| If YES, check the areas that apply: | | | |
| <input type="checkbox"/> Inquiry - Arts & Creativity <input type="checkbox"/> Composition & Communications - II <input type="checkbox"/> Inquiry - Humanities <input type="checkbox"/> Quantitative Foundations <input type="checkbox"/> Inquiry - Nat/Math/Phys Sci <input type="checkbox"/> Statistical Inferential Reasoning <input type="checkbox"/> Inquiry - Social Sciences <input type="checkbox"/> U.S. Citizenship, Community, Diversity <input type="checkbox"/> Composition & Communications - I <input type="checkbox"/> Global Dynamics | | | |
| 1. General Information | | | |
| a. | Submitted by the College of: PHARMACY | | Submission Date: 8/18/2014 |
| b. | Department/Division: Pharmaceutical Sciences | | |
| c.* | Is there a change in "ownership" of the course? <input type="radio"/> Yes <input checked="" type="radio"/> No If YES, what college/department will offer the course instead? Select... | | |
| e.* | * Contact Person Name: Jim Pauly | Email: jim.pauly@uky.edu | Phone: 859.323.8164 |
| | * Responsible Faculty ID (if different from Contact): | Email: | Phone: |
| f.* | Requested Effective Date: | <input checked="" type="checkbox"/> Semester Following Approval | OR Specific Term: ² |
| 2. Designation and Description of Proposed Course. | | | |
| a. | Current Distance Learning(DL) Status: | <input checked="" type="radio"/> N/A <input type="radio"/> Already approved for DL* <input type="radio"/> Please Add <input type="radio"/> Please Drop | |
| *If already approved for DL, the Distance Learning Form must also be submitted <u>unless</u> the department affirms (by checking this box) that the proposed change affect DL delivery. | | | |
| b. | Full Title: | RESEARCH IN PHARMACEUTICAL SCIENCES | Proposed Title: * RESEARCH IN PHARMACEUTICAL SCIENCES |
| c. | Current Transcript Title (if full title is more than 40 characters): | | RESEARCH IN PHARM SCIS |

| | | | | | |
|--|---|--|---|-----------------|--|
| c. Proposed Transcript Title (if full title is more than 40 characters): | | | | | |
| d. Current Cross-listing: | <input type="checkbox"/> N/A | OR | Currently ³ Cross-listed with (Prefix & Number): | none | |
| Proposed – ADD ³ Cross-listing (Prefix & Number): | | | | | |
| Proposed – REMOVE ^{3,4} Cross-listing (Prefix & Number): | | | | | |
| e. Courses must be described by at least one of the meeting patterns below. Include number of actual contact hours ⁵ for each meeting pattern | | | | | |
| Current: | Lecture | Laboratory ⁵ | Recitation | Discussion | Indep. Stu |
| | Clinical | Colloquium | Practicum | Research 15 | Residency |
| | Seminar | Studio | Other | Please explain: | |
| Proposed: * | Lecture | Laboratory ⁵ | Recitation | Discussion | Indep. Stu |
| | Clinical | Colloquium | Practicum | Research 15 | Residency |
| | Seminar | Studio | Other | Please explain: | |
| f. Current Grading System: | | Graduate School Grade Scale | | | |
| Proposed Grading System:* | | <input type="radio"/> Letter (A, B, C, etc.) <input type="radio"/> Pass/Fail <input type="radio"/> Medicine Numeric Grade (Non-medical students will receive a letter grade) <input checked="" type="radio"/> Graduate School Grade Scale | | | |
| g. Current number of credit hours: | 1 - 12 (variable) | | Proposed number of credit hours:* | 1 - 12 | |
| h.* Currently, is this course repeatable for additional credit? | | | | | <input type="radio"/> Yes <input checked="" type="radio"/> |
| * Proposed to be repeatable for additional credit? | | | | | <input checked="" type="radio"/> Yes <input type="radio"/> |
| If YES: | Maximum number of credit hours: | | May be repeated indefinitely | | |
| If YES: | Will this course allow multiple registrations during the same semester? | | | | <input type="radio"/> Yes <input checked="" type="radio"/> |
| i. Current Course Description for Bulletin: | | | | | |
| Research work to be conducted in selected areas of pharmaceutical sciences. | | | | | |
| * Proposed Course Description for Bulletin: | | | | | |
| Research work to be conducted in selected areas of pharmaceutical sciences. May be repeated indefinitely. | | | | | |
| j. Current Prerequisites, if any: | | | | | |
| Prereq: Approval of student's special committee and consent of instructor. | | | | | |
| * Proposed Prerequisites, if any: | | | | | |
| | | | | | |

| | | |
|-----|--|---|
| k. | Current Supplementary Teaching Component, if any: | <input type="radio"/> Community-Based Experience <input type="radio"/> Service Learning <input type="radio"/> Both |
| | Proposed Supplementary Teaching Component: | <input checked="" type="radio"/> Community-Based Experience <input type="radio"/> Service Learning <input type="radio"/> Both <input type="radio"/> No Change |
| 3. | Currently, is this course taught off campus? | <input checked="" type="radio"/> Yes <input type="radio"/> |
| * | Proposed to be taught off campus? | <input type="radio"/> Yes <input checked="" type="radio"/> |
| | If YES, enter the off campus address: | |
| 4.* | Are significant changes in content/student learning outcomes of the course being proposed? | <input type="radio"/> Yes <input checked="" type="radio"/> |
| | If YES, explain and offer brief rationale: | |
| | | |
| 5. | Course Relationship to Program(s). | |
| a.* | Are there other depts and/or pgms that could be affected by the proposed change? | <input type="radio"/> Yes <input checked="" type="radio"/> |
| | If YES, identify the depts. and/or pgms: | |
| | | |
| b.* | Will modifying this course result in a new requirement ² for ANY program? | <input type="radio"/> Yes <input checked="" type="radio"/> |
| | If YES ² , list the program(s) here: | |
| | | |
| 6. | Information to be Placed on Syllabus. | |
| a. | <input type="checkbox"/> Check box if changed to 400G or 500. | If changed to 400G- or 500-level course you must send in a syllabus and you must include the differentiation between undergraduate students by: (i) requiring additional assignments by the graduate students; and/or (ii) establishing different grading course for graduate students. (See SR 3.1.4.) |

¹See comment description regarding minor course change. *Minor changes are sent directly from dean's office to Senate Council Chair. If Chair deems the change as "not minor," the form will appropriate academic Council for normal processing and contact person is informed.*

²Courses are typically made effective for the semester following approval. No course will be made effective until all approvals are received.

³Signature of the chair of the cross-listing department is required on the Signature Routing Log.

⁴Removing a cross-listing does not drop the other course – it merely unlinks the two courses.

⁵Generally, undergrad courses are developed such that one semester hr of credit represents 1 hr of classroom meeting per wk for a semester, exclusive of any lab meeting. Lab meeting gene least two hrs per wk for a semester for 1 credit hour. (See SR 5.2.1.)

⁶You must also submit the Distance Learning Form in order for the course to be considered for DL delivery.

⁷In order to change a program, a program change form must also be submitted.

Submit as New Proposal Save Current Changes

PHS 790: Research in Pharmaceutical Sciences

Course Director:

Jim Pauly, Ph.D.

Professor of Pharmaceutical Sciences, College of Pharmacy

Director of Graduate Studies in Pharmaceutical Sciences

Associate Member, Spinal Cord and Brain Injury Research Center

University of Kentucky 40536-0569

859-323-8164

jpaul@uky.edu

Office Hours: by appointment

Course Description: Research will be conducted in selected focus areas of the pharmaceutical sciences. This course may be repeated indefinitely.

Learning outcomes: During this course, students will...

- conduct independent, focused, hypothesis-driven, research using state-of-the-art techniques and instruments.
- demonstrate the ability to apply critical scientific thought to the formulation of hypotheses, and the design and execution of experiments.
- will demonstrate competency in the collection, analysis and interpretation of data as it relates to the scholarship of their area of emphasis.

Grading: This course does not have a formal didactic structure. Grades will be assigned each semester by the course director based on student progress, in consultation with the mentoring faculty member.

Academic Integrity: Per university policy, students shall not plagiarize, cheat, or falsify or misuse research records. Students are expected to adhere to University policy on cheating and plagiarism in all courses. The minimum penalty for a first offense is a zero on the assignment on which the offense occurred. If the offense is considered severe or the student has other academic offenses on their record, more serious penalties, up to suspension from the university may be imposed.

Plagiarism and cheating are serious breaches of academic conduct. Each student is advised to become familiar with the various forms of academic dishonesty as explained in the Code of Student Rights and Responsibilities. Complete information can be found at the following website:

<http://www.uky.edu/Ombud>.

A plea of ignorance is not acceptable as a defense against the charge of academic dishonesty. It is important that you review this information as all ideas borrowed from others need to be properly credited.

Part II of Student Rights and Responsibilities (available online <http://www.uky.edu/StudentAffairs/Code/part2.html>) states that all academic work, written or

otherwise, submitted by students to their instructors or other academic supervisors, is expected to be the result of their own thought, research, or self-expression. In cases where students feel unsure about the question of plagiarism involving their own work, they are obliged to consult their instructors on the matter before submission.

When students submit work purporting to be their own, but which in any way borrows ideas, organization, wording or anything else from another source without appropriate acknowledgement of the fact, the students are guilty of plagiarism. Plagiarism includes reproducing someone else's work, whether it be a published article, chapter of a book, a paper from a friend or some file, or something similar to this. Plagiarism also includes the practice of employing or allowing another person to alter or revise the work which a student submits as his/her own, whoever that other person may be.

Students may discuss assignments among themselves or with an instructor or tutor, but when the actual work is done, it must be done by the student, and the student alone. When a student's assignment involves research in outside sources of information, the student must carefully acknowledge exactly what, where and how he/she employed them. If the words of someone else are used, the student must put quotation marks around the passage in question and add an appropriate indication of its origin. Making simple changes while leaving the organization, content and phraseology intact is plagiaristic. However, nothing in these Rules shall apply to those ideas which are so generally and freely circulated as to be a part of the public domain (Section 6.3.1).

Please note: Any assignment you turn in may be submitted to an electronic database to check for plagiarism.

Accommodations due to disability: If you have a documented disability that requires academic accommodations, please see me as soon as possible during scheduled office hours. In order to receive accommodations in this course, you must provide me with a Letter of Accommodation from the Disability Resource Center (Room 2, Alumni Gym, 257-2754, email address: jkarnes@email.uky.edu) for coordination of campus disability services available to students with disabilities.