Alpha Designator/Number: BSC 551

GC#6: Course Addition

Request for Graduate Course Addition

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

Dept/Division: Biological Sciences

- 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

Contact Person: Elmer Price	Ph	one: 696-3611
NEW COURSE DATA:		
New Course Title: Molecular	Medicine	
Alpha Designator/Number:	B S C 5 5 1	
Title Abbreviation: M o 1	e cular Medicine	
Course Catalog Description:	(Limit of 25 characters and spaces) This course focuses on molecular biology as applied to the cause	s diagnosis and treatment of coloct
(Limit of 30 words)	human and veterinary diseases. Therapies that are new and still	in clinical trials will also be covered.
Co-requisite(s):	First Term to be Offered: Fall 2022	
Prerequisite(s): N/A (Grad Sta	anding) Credit Hours: 3	
Course(s) being deleted in pla	ace of this addition (must submit course deletion form): ————	
Signatures: if disapproved at a	any level, do not sign. Return to previous signer with recommenda	ation attached.
Dept. Chair/Division Head	Both	Date <u>03/21/2022</u>
Registrar Villu	uDBSS 360503	Date 3/21/2022
College Curriculum Chair	MC Babiuc Hamilton	Date 09/26/2022
Graduate Council Chair	D& Davi	Date 10-24-22

College: Science

Contact Person: Elmer Price

GC#7: Course Change

Request for Graduate Course Change

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

College: Science	Dept/Division:Biological Sciences	Current Alpha Designator/Number	: BSC 640
Contact Person: Anne Axel		Phone:	304-696-82426
CURRENT COURSE DATA:			
Course Title: Cell Bio & Biotec	chnology		
Alpha Designator/Number:	B S C 6 4 0		
Title Abbreviation: C e I	1 Bio & Bi	o t e c h n o i o	д у

- 1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
- 2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
- 3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
- 4. List courses, if any, that will be deleted because of this change (must submit course deletion form).
- 5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head

College Curriculum Chair

Registrar

Graduate Council Chair

MC Babiuc Hamilton

03/21/2022

09/26/2022

10.24.2>

Request for Graduate Addition, Deletion, or Change of a Certificate

 Prepare one paper copy with all signatures and supporting E-mail one identical PDF copy to the Graduate Council Ch. The Graduate Council cannot process this application un NOTE: If proposing a new certificate, please read this first; www. 	air. If attachments included, please merge into a sinticlibrate into a sinticlibrate into a sinticlibrate in the signification in the s	ngle file. ed hard copy.
College: Liberal Arts	Dept/Division:Geography ————————————————————————————————————	
Contact Person: James Leonard	Phone:	5-4626
Name of Certificate Geospatial Information Science	Basic D.S.D	
Check action requested: Addition Deletio	n 🔀 Change	
Effective Term/Year Fall 20 Spring 20	23 Summer 20	
Information on the following pages must be complete	ed before signatures are obtained.	
Signatures: if disapproved at any level, do not sign. Ret	urn to previous signer with recommendation	attached _.
Dept. Chair/Division Head	zal	Date 9/6/22
College Curriculum Chair Jonathan K	ozar	Date09/27/22
College Dean RSS)	Date 9/6/72
Graduate Council Chair	Dun	Date 10-24-22
Provost/VP Academic Affairs		Date
Presidential Approval		Date

Request for Graduate Addition, Deletion, or Change of a Certificate

1 Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

2. E-mail one identical PDF copy to the Graduate Council Chair If attachments included, please merge into a single file. 3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy. NOTE: If proposing a new certificate, please read this first: www.marshall.edu/graduate/graduatecouncil/certificatespolicy/certificatespolicy.pdf College: COLA Dept/Division: Graduate Humanities Program Contact Person: L. Eric Lassiter Phone: 304-746-1923 Graduate Certificate in Appalachian Studies Name of Certificate Check action requested: Addition Deletion / Change 5pring 20 Effective Term/Year Information on the following pages must be completed before signatures are obtained. Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached 9/12/22 Dept, Chair/Division Head Date College Curriculum Chair Jonathan Kozar 09/27/22 College Dean Provost/VP Academic Affairs Date Presidential Approval Date

Request for Graduate Addition, Deletion, or Change of a Certificate

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair. 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file. 3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy. NOTE: If proposing a new certificate, please read this first: www.marshall.edu/graduate/graduate/graduatecouncil/certificatespolicy/certificatespolicy.pdf College: Liberal Arts Dept/Division:Geography Contact Person: James Leonard Phone: 6-4626 Name of Certificate Geospatial Information Science - Advanced Check action requested: Addition Deletion ☐ Change Spring 20 23 Fall 20 Summer 20 Effective Term/Year Information on the following pages must be completed before signatures are obtained. Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached. Dept. Chair/Division Head College Curriculum Chair College Dean Graduate Council Chair

Provost/VP Academic Affairs ___

Presidential Approval

Date

Chair: Tracy Christofero | GC#4: Major or Degree

Request for Graduate Addition, Deletion, or Change of a Major or Degree

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

NOTE: Before you submit a request for a new Major or Degree, you must submit an INTENT TO PLAN form. Only after the INTENT TO PLAN goes through the approval process are you ready to submit this request for a new Major or Degree. For detailed information on new programs please see: http://wvhepcdoc.wvnet.edu/resources/133-11.pdf.

 E-mail one PDF copy without signatures to the Graduate Council The Graduate Council cannot process this application until it h 	Chair. as received both the PDF copy and the signed hard copy.		
College: College of Science	Dept/Division: Dept. of Natural Resources and the Environment		
Contact Person: Mindy Yeager-Armstead	Phone: 304-696-2923		
Degree Program ; M.S. in Natural Resources and the Enviror	nment		
Check action requested: Addition Deletion	Change		
Effective Term/Year Fall 20 Spring 20 23	Summer 20		
Information on the following pages must be completed be	fore signatures are obtained.		
Signatures: if disapproved at any level, do not sign. Return to	o previous signer with recommendation attached.		
Dept. Chair/Division Head	Date 9-1-2022		
College Curriculum Chair MC Babiuc H	amilton Date 09/26/2022		
College Dean	Date 9/29/22		
Graduate Council Chair	Jun Date 10-24-22		
Provost/VP Academic Affairs	Date		
Presidential Approval	Date		
Board of Governors Approval	Date		

Request for Graduate Course Change

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

3. The Graduate Council cannot process this application until it has received both the PDF	copy and the signed hard copy.
College: COLA Dept/Division: Grad Humanities Current Alpha De	esignator/Number: HUMN 680
Contact Person: L. Eric Lassiter	Phone: 304-746-1923
CURRENT COURSE DATA:	
Course Title: Independent Research Symposium	
Alpha Designator/Number: H U M N 6 8 0	
Title Abbreviation: I n d e p e n d e n t R e s S y	m p o s i u m
6	
1. Complete this five page form in its entirety and route through the departments/co course title, alpha designator, course number, course content, credit hours, or catalo 2. If this change will affect other departments that require this course, please send a this packet, as well as the response received from the affected department. 3. If the changes made to this course will make the course similar in title or content to the affected department and include it with this packet as well as the response received. List courses, if any, that will be deleted because of this change (<i>must submit course d</i>). If the faculty requirements and/or equipment need to be changed upon approval coneeds.	g description. memo to the affected department and include it with o another department's courses, please send a memo to ved from the affected department. deletion form).
Signatures: if. disapproved at any level, do not sign. Return to previous signer with re	ecommendation attached.
Dept. Chair/Division Head	Date 9/12/22
Registrar_Some & Company	9.12.2022 Date
College Curriculum Chair Jonathan Kozar	Date 09/27/22
Graduate Council Chair D & L Deuri	Date 10-24-22

GC#6: Course Addition

- Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
 E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
 The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

College: COS	Dept/Division:NRE	Alpha Designator/Number: 500		Graded	CR/NC
Contact Person: Autumn Stare	cher-Patton	Phone:	696-3663		
NEW COURSE DATA:					
New Course Title: Soil Fertility	//Plant Nutrition			-	
Alpha Designator/Number:	N R E 5 0 0				
Title Abbreviation: S o i	l Fertilit	y / P l a n t N	u t r		
	(Limit of 25 characters and spac	es)			
Course Catalog Description: (Limit of 30 words)	This course will examine properties nutrient management and fertilizer		lan nutritio	on, and pract	ices in
Co-requisite(s): n/a	First Term to be Of	fered: Summer 1 2023			
Prerequisite(s)	Credit Hours: 4				
Course(s) being deleted in pla	ce of this addition (must submit cours	se deletion form): n/a	State Control of the		na-aki di Bibi di mamilia da pipi day
Signatures: if disapproved at a	ny level, do not sign. Return to previ	ous signer with recommendation	attached.		
Dept. Chair/Division Head	J.M.		Date	9-1-20	nz
Registrar Sony	ACC	039999	Date	9.7.202	22
College Curriculum Chair	MC Babiuc Hamilt	on	Date9	/28/2022	
Graduate Council Chair	DDDLe	1	Date	10-29	1-22

GC#6: Course Addition

Graded ← CR/NC

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

College: COS	Dept/Division:NRE	Alpha Designator/Number:	502	(•) Graded (` CR/NC
Contact Person: Autumn Sta	rcher-Patton	P	hone: 696-3663	
NEW COURSE DATA:				
New Course Title: Sustainabl	e Agriculture			_
Alpha Designator/Number:	N R E 5 0 2			
Title Abbreviation: S u s	t a i n a b l e A		ure	
Course Catalog Description: (Limit of 30 words)	This course will examine the princi while identifying challenges to agr			
Co-requisite(s): n/a	First Term to be 0	Offered: Fall 2023		
Prerequisite(s)	Credit Hours: 3			
Course(s) being deleted in pla	ace of this addition (must submit cou	rse deletion form): n/a		
Signatures: if disapproved at a	any level, do not sign. Return to prev	rious signer with recommend	dation attached.	
Dept. Chair/Division Head	Mayle		Date	7-1-2022
Registrar Songes	acq-	039999	Date	9.7.2022
College Curriculum Chair	MC Babiuc Hami	lton	Date9/	28/2022
Graduate Council Chair	2820		Date	10-24-22

GC#6: Course Addition

Request for Graduate Course Addition

Alpha Designator/Number: NRE 525

Dept/Division:NRE

- Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
 E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
 The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

Contact Person: Mindy Yeag	er-Armstead	P	hone: 6-2923
NEW COURSE DATA:			
New Course Title: Water Poli	cy and Regulation	3.4944	***************************************
Alpha Designator/Number:	N R E 5 2 5		
Title Abbreviation: W a t	e r Policy	& Regula	t i o n s
	(Limit of 25 characters and s	paces)	
Course Catalog Description: (Limit of 30 words)	NRE 525 Water Policy and Regula Examination of how aquatic reso regulatory framework.	ations ources are protected for human	s and species of concern by current
Co-requisite(s): n/a	First Term to be	e Offered: Fall 2023	
Prerequisite(s): n/a	Credit Hours: 3		
Course(s) being deleted in pla	ace of this addition (must submit co	ourse deletion form):	wing .
Signatures: if disapproved at a	ny level, do not sign. Return to pr	evious signer with recommend	lation attached.
Dept. Chair/Division Head	1111/	Mr. Call Processing	Date <u>5-1-2022</u>
Registrar Sonya	ACQ-	039999	9.7.2022
College Curriculum Chair	MC Babiuc Hamil	ton	Date 09/28/2022
Graduate Council Chair	0 & De	_	Date 10-24-22

College: COS

Contact Person: Mindy Yeager-Armstead

Alpha Designator/Number: NRE 540

GC#6: Course Addition

Request for Graduate Course Addition

1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.

Dept/Division:NRE

- 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

 3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

Contact Person: Mindy Yeager-Armstead	Phone: 6-2923
Contact Person. William Teager-Annisteau	Phone: 6-2923
NEW COURSE DATA:	
New Course Title: Seminar I	
Alpha Designator/Number: N R E 5 4 0	
Title Abbreviation: S e m i n a r I (Limit of 25 characters and space	res)
Course Catalog Description: Seminar I (Limit of 30 words) Introduction to graduate research a	nd individual topics, development of literature research skills, reading support for research project prospectus development and beginning
Co-requisite(s): n/a First Term to be Of	ffered: Fall 2023
Prerequisite(s): n/a Credit Hours: 1	
Course(s) being deleted in place of this addition (must submit cours	se deletion form):
Signatures: if disapproved at any level, do not sign. Return to previ	ous signer with recommendation attached.
Dept. Chair/Division Head	Date 9-1-2072
Registrar Source	039999
College Curriculum Chair WC Babiuc Ha	milton Date 09/26/2022
Graduate Council Chair Deu	Date 10-24-22

College: COS

GC#6: Course Addition

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

College: COS Dept/	Division:NRE	Alpha Designator/Number: NRE 58	0-583	● Graded	CR/NC
Contact Person: Mindy Yeager-Arm:	stead	Phone:	6-2923		
NEW COURSE DATA:					
New Course Title: Special Topics					
Alpha Designator/Number: N R	E 5 8 0 - 3				
Title Abbreviation: Speci	a I T o p i	C S			
(L	imit of 25 characters and spac	es)			
	l Topics (1-4 hrs.) of an advanced topic not norn	nally covered in other courses.			
Co-requisite(s): n/a	First Term to be Of	fered: N/A	_		
Prerequisite(s): NA	Credit Hours: 1-4				
Course(s) being deleted in place of th	nis addition (must submit cours	e deletion form): none	**************************************		
Signatures: if disapproved at any leve	l, do not sign. Return to previo	us signer with recommendation a	attached.		
Dept. Chair/Division Head	11/1/1		Date	9-1-2	250
Registrar Songe # C	J-/	039999	Date	9.7.20	022
College Curriculum Chair	Babiuc Hamil	ton	Date <u>09</u> /	/26/2022	
Graduate Council Chair	S Dui		Date	0-24-	22_

GC#6: Course Addition

- Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
 E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
 The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

College: COS	Dept/Division:NRE	Alpha Designator/Number: NRE 585-588	(• Graded (CR/NC
Contact Person: Mindy	Yeager-Armstead	Phone: 6-2923	}
NEW COURSE DATA:			
New Course Title: Inde	pendent Study		
Alpha Designator/Num	ber: N R E 5 8 5 -	8	
Title Abbreviation:	n d e p e n d e n t (Limit of 25 characters and	S t u d y	
Course Catalog Descrip (Limit of 30 words)	ition: Independent Study (1-4 hrs.)		
Co-requisite(s): n/a	First Term to	be Offered: Spr 2023	
Prerequisite(s): Permiss	ion Credit Hours:	1-4	
Course(s) being deleted	in place of this addition (must submit	t course deletion form): none	a .
Signatures: if disapprove	ed at any level, do not sign. Return to	n evious signer with recommendation attach	ed.
Dept. Chair/Division Hea	ad	Date	9-1-2022
Registrar Songs	XCQ 03	39999 Date	9.7.2022
College Curriculum Chai	MC Babine H	damilton Date	09/26/2022
Graduate Council Chair _	DD 200	Date	10-24-22

GC#6: Course Addition

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.

 3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

College: COS	Dept/Division:NRE	Alpha Designator/Number: NRE 6	540	
Contact Person: Mindy Yeage	er-Armstead	Phone	: 6-2923	
NEW COURSE DATA:				
New Course Title: Seminar III		Special and the special and th	(v. d. W. (Nobel Comment	
Alpha Designator/Number:	N R E 6 4 0			
Title Abbreviation: S e m	i n a r l l l l l (Limit of 25 characters and spac	es)		
Course Catalog Description: (Limit of 30 words)	Seminar III The course utilizes relevant literature presentation methods. Topics include selection and interpretation of data	e statistical methods selection,		
Co-requisite(s): n/a	First Term to be Of	fered: Fall 2023	_	
Prerequisite(s): n/a	Credit Hours: 1			
Course(s) being deleted in pla	nce of this addition (must submit cours	e deletion form);		
Signatures: if disapproved at a	any level, do not sign. Return to previo	ous signer with recommendatio	n attached,	
Dept. Chair/Division Head	Val		Date	9-1-2022
Registrar Sonya AC	0399	999	Date	9.7.2022
College Curriculum Chair	MC Babiuc Hamile	ton	Date	09/26/2022
Graduate Council Chair&	D& 20m		Date	10-24-22

GC#6: Course Addition

- Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
 E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
 The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

College: COS	Dept/Division:NRE	Alpha Designator/Nun	nber: NRE 660	© Graded ○ CR/NC
Contact Person: Mindy Yo	eager-Armstead		Phone: 6-2923	
NEW COURSE DATA:				
New Course Title: Semina	ar IV			
Alpha Designator/Numbe	er: N R E 6 6 0			
Title Abbreviation: S e	m i n a r I V (Limit of 25 characters and	spaces)		
Course Catalog Description (Limit of 30 words)	on: Seminar IV The course focuses on transition include scientific publication ar various career options, and app	nd public presentation in m	ultiple venues and for	e school. Discussions will rmats, expectations of
Co-requisite(s): n/a	First Term to b	oe Offered: Spring 2024		
Prerequisite(s): n/a	Credit Hours:	1		
Course(s) being deleted in	place of this addition (must submit a	course deletion form);		
Signatures: if disapproved	at any level, do not sign. Return to p	revious signer with recomm	mendation attached.	
Dept. Chair/Division Head_			Date	9-1-2022
Registrar Sonya	ACG-	039999	Date	9.7.2022
College Curriculum Chair _	MC Babine of	Vamilton	Date	09/26/2022
Graduate Council Chair	De Lle	uj	Date	10-24-25

GC#6: Course Addition

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
 3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

College: Pharmacy	Dept/Division:Pharmacy Practice	Alpha Designator/Number: PHAR !	505	Graded	CR/NC
Contact Person: Boyd Roraba	augh	Phone:	x67289		
NEW COURSE DATA:					
New Course Title: Pharmacy	Continuing Professional Developme	ent		_	
Alpha Designator/Number:	P H A R 5 0 5				
Title Abbreviation: P H A	R M C O N T P F	OFDEV			
	(Limit of 25 characters and spa	ices)			
Course Catalog Description; (Limit of 30 words)	Students will be introduced to add OSCEs, and take part in a seminar s	itional professionalism topics, eval eries throughout the first through	uation of cl third years.	inical skills th	rough the
Co-requisite(s): N/A	First Term to be 0	Offered: fall 2023	_		
Prerequisite(s): None	Credit Hours: 0				
Course(s) being deleted in pla	ace of this addition (must submit cou	rse deletion form):			
Signatures: if disapproved at a	any level, do not sign. Return to prev	rious signer with recommendation	attached.		
Dept. Chair/Division Head	Cy An My M	D, NUM, WILF	Date	9-12-2	
Registrar Soupes	ACG	512001	Date	9.14.20	22
College Curriculum Chair	Cynthia Jones		Date	9/13	122
Graduate Council Chair	D & Du	-	Date	10.24	25-

GC#7: Course Change

Request for Graduate Course Change

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

College: Pharmacy	Dept/Division:DPPAR	Current Alpha Designator/Number: PHAR661
Contact Person: Boyd Ro	prabaugh	Phone: 67289
CURRENT COURSE DAT	·A:	
Course Title: THERAPEL	ITICS II	
Alpha Designator/Numb	per: P H A R 6 6 1	
Title Abbreviation:	HERAPEUTIC	SIII
1. Complete this five pag	e form in its entirety and route thro	ugh the departments/committees below for changes to a course involving:
course title, alpha design 2. If this change will affect	ator, course number, course conter	it, credit hours, or catalog description. iis course, please send a memo to the affected department and include it with

3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to

5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

the affected department and include it with this packet as well as the response received from the affected department.

4. List courses, if any, that will be deleted because of this change (must submit course deletion form).

Dept. Chair/Division Head	Co Ca Mun 1	My way Ms , MCX CP	Date 9122V
Registrar Sonya & C	J	512001	Date9.14.2022
College Curriculum Chair	yatua Jones		Date 9/13/23
Graduate Council Chair	222		Date 10 - 24 - 22

needs.

GC#7: Course Change

Request for Graduate Course Change

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

College: Pharmacy	Dept/Division:DPPAR	Current Alpha Designator/Number:	: PHAR
Contact Person: Boyd Roral	baugh	Phone:	67289
CURRENT COURSE DATA:			
Course Title: THERAPEUTIO	CS 7		
Alpha Designator/Number	P H A R 7 2 1		
Title Abbreviation: T H	ERAPEUTICS	7	
course title, alpha designato 2. If this change will affect o this packet, as well as the re 3. If the changes made to the the affected department and 4. List courses, if any, that w	d include it with this packet as well as vill be deleted because of this change	edit hours, or catalog description. ourse, please send a memo to the affeepartment. in title or content to another depart the response received from the affee (must submit course deletion form).	ected department and include it with
Signatures: if disapproved a	at any level, do not sign. Return to pre	evious signer with recommendation	attached.
Dept. Chair/Division Head _	a le Meler,	Who I MA IS BUSINE	Date 9-12-22
Registrar Source	100	512001	9.14.2022 Date
College Curriculum Chair	cyattra Jone		Date 9/13/33
Graduate Council Chair	DD 200		Date 10-24-22

GC#6: Course Addition

- Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
 E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
 The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

College: Pharmacy	Dept/Division:Pharmacy Practice	Alpha Designator/Number: Pl	HAR 736	Graded ← CR/NC
Contact Person: Boyd Roraba	augh	Ph	one: x67289	
NEW COURSE DATA:				
New Course Title: Pharmacy	Skills Lab 6			_
Alpha Designator/Number:	P H A R 7 3 6			
Title Abbreviation: P H A	R M A C Y S K I L	L S L A B 6		
Course Catalog Description: (Limit of 30 words)	Covers foundational patient care si problem-solving skills, practice tec behavior in the therapeutic decision	kills. Students apply knowlede hnical and communication sk	ge, demonstrate ills, and demons	critical-thinking and trate professional
Co-requisite(s): None	First Term to be 0	Offered: spring 2024		
Prerequisite(s): PPHAR 637	Credit Hours: 3			
Course(s) being deleted in pla	ace of this addition (must submit cou	rse deletion form):		
Signatures: if disapproved at a	any level, do not sign. Return to prev	rious signer with recommend	ation attached.	
Dept. Chair/Division Head	Q On the AM.	MH	Date_0	7-12-22
Registrar Source &	512	2001	Date	9.14.2022
College Curriculum Chair	Aprithea Jo	nes	Date	1/13/22
Graduate Council Chair	222	en	Date	10-24-22

Request for Graduate Course Addition

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

College: Pharmacy D	ept/Division: Pharmacy Practice	Alpha Designator/Number: PHAR 738 Graded CR/NC
Contact Person: Boyd R	orabaugh	Phone: X67289
NEW COURSE DATA:		
New Course Title: Pharma	acy Education I	
Alpha Designator/Number:	HAR738	
Title Abbreviation: Phar	macyEduc	
	(cilitic of 25 characters and space	
Course Catalog Description: (Limit of 30 words)	nis course will prepare stud	dents for a career in pharmacy education.
Co-requisite(s): N/A	First Term to be O	ffered: Fall 2023
Prerequisite(s): N/A	Credit Hours:	
Course(s) being deleted in place	of this addition (must submit cour	se deletion form): N/A
Signatures: if disapproved at any	level, do not sign. Return to previ	ous signer with recommendation attached.

512001

Graduate Council Chair

College Curriculum Chair

Date 9.14.2022

Date 9/14/33

Date 10-24-27

Request for Graduate Course Addition

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

College: Pharmacy	Dept/Division:Pharmacy Practice	Alpha Designator/Number: PHAR 739 Graded OCR/NC
Contact Person: Boyd	Rorabaugh	Phone: X67289
NEW COURSE DATA:		
New Course Title: Phar	macy Education II	
Alpha Designator/Number:	PHAR739	
Title Abbreviation: Ph	a r m a c y E d u (Limit of 25 characters and sp	cation III
Course Catalog Description: (Limit of 30 words)		udents to apply skills learned in PHAR 738 in a lab setting
Co-requisite(s): N/A	First Term to be	Offered: Spring 2024
Prerequisite(s): PHAF	R 738 Credit Hours:	3
Course(s) being deleted in	place of this addition (must submit co	ourse deletion form): N/A

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head As Ok Her My 15, BC&CP	Date 9-14.2022
Registrar Sovje 9 512001	Date 9.14.2022
College Curriculum Chair 40000	Date 9/14/3022
Graduate Council Chair 2000 2000	Date 10-24-22

GC#7: Course Change

Request for Graduate Course Change

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair.
- 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

College: Pharmacy	— Dept/Division:DPPAR	Current Alpha Designator/Number: PHAR751
Contact Person: Boyd Ro	rabaugh	Phone: 67289
CURRENT COURSE DATA	A:	
Course Title: NEURO & P	SYCHIATRIC DISEASE	
Alpha Designator/Numb	er: P H A R 7 5 1	
Title Abbreviation: N E	U R O & P S Y	C H I A T R I C D I S

- 1. Complete this five page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
- 2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
- 3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
- 4. List courses, if any, that will be deleted because of this change (must submit course deletion form).
- 5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head Of OR MULTO MIX NO PORT	Date 9-12-29_
Registrar Source 512001	9.14.2022 Date
College Curriculum Chair white former	Date 9/13/22
Graduate Council Chair	Date 10-24-22

GC#7: Course Change

Request for Graduate Course Change

- 1. Prepare one paper copy with all signatures and supporting material and forward to the Graduate Council Chair,
- 2. E-mail one identical PDF copy to the Graduate Council Chair. If attachments included, please merge into a single file.
- 3. The Graduate Council cannot process this application until it has received both the PDF copy and the signed hard copy.

College: Pharmacy	Dept/Division:DPPAR	Current Alpha Designator/Number: PHAR761	_
Contact Person: Boyd Ro	prabaugh	Phone: 67289	
CURRENT COURSE DAT	'A:		
Course Title: HEMEONC	NUTRITION HEPA MS		
Alpha Designator/Numb	per: P H A R 7 6 1		
Title Abbreviation: H	E M E O N C N U T	RITION HEPAMS	

- 1. Complete this **five** page form in its entirety and route through the departments/committees below for changes to a course involving: course title, alpha designator, course number, course content, credit hours, or catalog description.
- 2. If this change will affect other departments that require this course, please send a memo to the affected department and include it with this packet, as well as the response received from the affected department.
- 3. If the changes made to this course will make the course similar in title or content to another department's courses, please send a memo to the affected department and include it with this packet as well as the response received from the affected department.
- 4. List courses, if any, that will be deleted because of this change (must submit course deletion form).
- 5. If the faculty requirements and/or equipment need to be changed upon approval of this proposal, attach a written estimate of additional needs.

Signatures: if disapproved at any level, do not sign. Return to previous signer with recommendation attached.

Dept. Chair/Division Head Q Q Q WW Myby N B CACP	Date 9-17-22
Registrar Sough S 512001	9.14.2022 Date
College Curriculum Chair Cynthw Jones	Date 9/13/22
Graduate Council Chair	Date 10/24/22