**FORM A**

**College of Pharmacy**

**Revised 06/08/2009**

**PROPOSAL SUMMARY AND ROUTING FORM**

**Proposal Title:** Adjust start and end times for old and new experientials

- **Initiating Unit or Individual:** College of Pharmacy
- **Contact Person's Name:** Greg Wellman  
  **e-mail:** wellmang@ferris.edu  
  **phone:** 231-591-2304

- **Proposed Changes:**
  - 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

<table>
<thead>
<tr>
<th>Group/Individual</th>
<th>Signature</th>
<th>Date</th>
<th>Vote/Action *</th>
</tr>
</thead>
<tbody>
<tr>
<td>College Curriculum Committee</td>
<td></td>
<td>3/31/11</td>
<td>Support</td>
</tr>
<tr>
<td>College Faculty</td>
<td></td>
<td></td>
<td>Support with Concerns</td>
</tr>
<tr>
<td>Dean</td>
<td></td>
<td>3/31/11</td>
<td>Support</td>
</tr>
<tr>
<td>University Curriculum Committee</td>
<td></td>
<td></td>
<td>Support with Concerns</td>
</tr>
<tr>
<td>Senate</td>
<td></td>
<td>4/2/11</td>
<td>Support</td>
</tr>
<tr>
<td>Academic Affairs</td>
<td></td>
<td></td>
<td>Support with Concerns</td>
</tr>
</tbody>
</table>

* 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.

**To be completed by Academic Affairs**

- **President (Date Approved)**
- **Board of Trustees (Date Approved)**
- **President's Council (Date Approved)**
DELETE COURSE

Course Data Entry Form

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

   Note: Complete each section.

   The course described below will be moved to inactive status.

   a. Term Effective: Term Spring Year 2012 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

   Include the information that is in the current course database.

   a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
      PHPR 592 Lecture LAB 3 Independent Study – Check (x) ☐
      Practicum: ☐ Seminar: ☐

   d. Full Course Title: Institutional Externship

UCC Chair Signature/Date: ___________________________ 1/1

Academic Affairs Approval Signature/Date: ___________________________ 4/2/11

Office of the Registrar use ONLY

Date Rec’d: _____ Date Completed: _____ Entered: SCACRSE _ SCADTL _SCARRES _ SCAPREQ _
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): 201105  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.  

   d. Course Title: Inst Intro Phar Prac Exp

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.  

   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

   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.

   UCC Chair Signature/Date:   Academic Affairs Approval Signature/Date:  

   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 __
DATE : March 31, 2011

TO : Don Flickinger, Associate Provost
Office of Academic Affairs

FROM : Greg Wellman, Assistant Dean of Student Affairs and Assessment
College of Pharmacy

SUBJECT : PHARMACY EXPERIENTIAL TIMING ADJUSTMENTS

As part of the new curriculum implemented in the College of Pharmacy, we had originally planned to end PHPR 592 (Institutional Externship) at the end of this Spring semester and start the new PHAR 493 (Institutional Introductory Pharmacy Practice Experience) in the Fall semester. As a result of some experiential timing changes we have made, along with the discontinuation of the accelerator program we will need to adjust the stop/start dates.

We will need to end PHPR 592 at the end of the Fall 2011 semester and start PHAR 493 this summer. This will result in an overlap between the two. Students in the 2000 curriculum will be in 592 and students in the 2009 curriculum will be in 493.

Thanks for your assistance in expediting this to registration.