**Proposal Summary and Routing Form**

**Proposal Title:** Course Purge of Pharmacy courses no longer in use

**Initiating Individual:** Maureen Milzarski  **Initiating Department or Unit:** Pharmacy

**Contact Person’s Name:** Stephen Durst  **Email:** StephenDurst@ferris.edu  **Phone:** 591-2254

- [ ] Group I-A – New Degree, major, concentration, minor, or redirection of a current offering
- [ ] Group I-B – Deletion of a degree, major, concentration, or minor
- [ ] Group II-A – New Course, modification of a course, deletion of a course
- [x] Group II-B – Minor Curriculum Clean-up
- [ ] Group III – Certificate (☐ College Credit  ☐ Non-credit  ☐ New Certificate)
- [ ] Group IV – Other site location (☐ College Credit  ☐ Non-credit)

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<th>**Program Representative ** **</th>
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* Support with Concerns or Not Support must include identification of specific concern with appropriate rationale.

** Number Count must be given for all members present and/or voting.

To be completed by Academic Affairs  ** Date of Implementation: Spring 2015

President (Date Approved)  Board of Trustees (Date Approved)  Academic Officers of MI (Date Approved)
1. Proposal Summary: (Summary is generally less than one page. Briefly state what is proposed with a summary of rationale and highlights) All courses to be deleted from Banner are no longer in use for the Doctor of Pharmacy program. Courses are not offered outside the College of Pharmacy. No adjustments are needed for the current PharmD checksheet.

2. Summary of Curricular Action (Check all that apply to this proposal)
   - Degree
   - Major
   - Minor
   - Concentration
   - Certificate
   - Course

   - New
   - Modification
   - Deletion

   Name of Degree, Major, etc.: Click here to enter text.

3. Summary of All Course Action Required: Click here to enter text.
   - Newly Created Courses to be Added to the Catalog
     - Prefix
     - Number
     - Title
     - Click here to enter text.
     - Click here to enter text.
     - Click here to enter text.

   - Courses to be Deleted from FSU Catalog
     - PHAD 470 Pharmaceutical Marketing
     - PHAD 482 Pharmacy Care – Public Health
     - PHAD 490 Special Topics in PHAD
     - PHAD 497 Special Studies in PHAD
     - PHCG 462 Adv In Natural Prod Research
     - PHCG 490 Special Topics in PHCG
     - PHCG 497 Special Studies in PHCG
     - PHCH 390 Special Topics in PHCH
     - PHCH 452 Special Topics in PHCH
     - PHCH 490 Special Topics in PHCH
     - PHCH 497 Special Studies in PHCH
     - PHCL 352 Select Topics - Pathophysiology
     - PHCL 462 Select Topics - Pharmacology
     - PHCL 490 Special Topics in PHCL
     - PHCL 497 Special Studies in PHCL
     - PHPR 290 Special Topics in PHPR
     - PHPR 397 Special Studies in PHAR
     - PHPR 420 Prof Developmental Seminar
     - PHPR 552 Intro to Pharm Clinics
     - PHPR 564 Eval Internet Drug Info Res
     - PHPR 568 Adv Presentation-Teach Skills
     - PHPR 574 Interdisciplinary Com Research
     - PHPR 578 Immunization Delivery
     - PHPR 590 Special Topics in PHPR
     - PHPR 605 Academic Pharmacy Experience
     - PHPR 606 Drug Information Clerkship
     - PHPR 607 Drug Use Policy Clerkship
     - PHPR 609 Profession Org Mgmt Clerkship
     - PHPR 612 Rural Health Clerkship
     - PHPR 613 Comm Pharmacy Mgmt Clerkship
     - PHPR 625 Community Pharmacy Practice
     - PHPR 670 Clinical Research Clerkship
     - PHPR 690 Special Topics in PHPR
     - PHSV 297 Independent Study – Non Major
     - PHSV 497 Independent Study – Non Major

   - Existing Courses to be Modified
     - Prefix
     - Number
     - Title
Click here to enter text.  

D. Addition of existing FSU courses to program

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E. Removal of existing FSU courses from program

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4. Summary of All Consultations

Form Sent (B or C)  Date Sent  Responding Department  Date Received & By Whom

| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

5. Will External Accreditation be sought? (For new programs or certificates only)

☐ Yes  ☐ No

If yes, name the organization involved with accreditation for this program. Click here to enter text.

6. Is a PCAF required?  ☐ Yes  ☐ No  Is the PCAF approved?  ☐ Yes  ☐ No  (If yes, supply link on Academic Affairs website where PCAF is posted.)

7. Program Checksheets affected by this proposal (Check all that apply to this proposal)

☐ Add Course  ☐ Delete Course  ☐ Modify Course  ☐ Change Prerequisite  ☐ Move from required to elective  ☐ Move from elective to required  ☐ Change Outcomes and Assessment Plan  ☐ Change Credit hours

8. List all Checksheets affected by this proposal:

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<th>College</th>
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Here is the signed Form.

Sincerely,

Tara M. Lee, MS
Administrative Specialist - Admissions
220 Ferris Drive
Big Rapids MI 49307
231-591-3780
leet@ferris.edu

Hi,

Weren’t you working on this?

Just following up to see if you had a chance to get Steve Durst’s signature on the Form A.
From: Maureen K Milzarski
Sent: Wednesday, March 25, 2015 9:19 AM
To: Cheryl L Kondziolka; Tara M Lee
Subject: Form A - Course Purge of Pharmacy courses no longer in use

Attached is the Form A I prepared for the courses that will be deleted from Banner that are no longer in use. If you could have Steve Durst sign the form and send it back to me, I would appreciate it. I have prepared the Form F for all the courses noted on the Form A.

If you see any that should not be deleted, or if you see any I have missed, please let me know, and I can correct!

Thank you!

Maureen Milzarski | Administrative Secretary to the Associate Provosts
Ferris State University | Office of the Provost and Vice President for Academic Affairs
1201 S. State St. - CSS 310F | Big Rapids, MI 49307
(231) 591-3532 office · (231) 591-3592 fax | Academic Affairs website

This message may contain confidential and/or proprietary information and is intended for the person/entity to which it was originally addressed. Any use by others is strictly prohibited.
Delete a Course  
Course Data Entry Form

FORM F  
Rev. September 2012

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

The course listed below will be removed from the Ferris State University Catalog.  
(See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHAD b. Number 470 c. Enter Contact Hours per week in boxes.
   LECture LAB Seminar

d. INDependent Study ☐ Practicum: ☐  [Check (x) box as appropriate. See definitions in Appendix E.]

e. Full Course Title: Pharmaceutical Marketing

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

Office of the Registrar use ONLY

Date Rec’d: _______ Date Completed: _______ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __
Delete a Course

FORM F
Course Data Entry Form
September 2012

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

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHAD  
b. Number 482  
c. Enter Contact Hours per week in boxes.  
d. INDependent Study Practicum:  
   LECture LAB Seminar  
   (Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Pharmacy Care – Public Health

UCC Chair Signature/Date:  

1 / 1

Academic Affairs Approval Signature/Date:  

Elle Clay 4/27/15

Office of the Registrar use ONLY

Date Rec’d: _______ Date Completed: _______ Entered: SCACRSE __ SCADTL __SCARRES __SCAPREQ__
Delete a Course
Course Data Entry Form

FORM F
Rev. September 2012

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

The course listed below will be removed from the Ferris State University Catalog.
(See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHAD b. Number 490 c. Enter Contact Hours per week in boxes.
   LECTure LAB Seminar

   d. INDependent Study ☐ Practicum: [Check (x) box as appropriate. See definitions in Appendix E.]

   e. Full Course Title: Special Topics in PHAD

UCC Chair Signature/Date: ____________________________

Academic Affairs Approval Signature/Date: ________

Office of the Registrar use ONLY

Date Rec’d: __________ Date Completed: __________ Entered: SCACRSE SCADETL SCARRES SCAPREQ
Delete a Course
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(See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHAD
b. Number 497
c. Enter Contact Hours per week in boxes.

[ ] LECTure [ ] LAB [ ] Seminar

d. INDependent Study [ ] Practicum: [ ] (Check (x) box as appropriate. See definitions in Appendix E.)
e. Full Course Title: Special Studies in PHAD

__________________________________________
UCC Chair Signature/Date:


__________________________________________
Academic Affairs Approval Signature/Date:

Office of the Registrar use ONLY

Date Rec'd: _____ Date Completed: _____ Entered: SCACRSE ___ SCADTL ___ SCARRES ___ SCAPREQ ___
I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog.
(See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHCG  b. Number 462 c. Enter Contact Hours per week in boxes.
d. INDependent Study  ☐ Practicum:  ☐ Seminar
   [Check (x) box as appropriate. See definitions in Appendix E.]

 e. Full Course Title: Adv in Natural Prod Research

UCC Chair Signature/Date: __________________________ 1/1

Academic Affairs Approval Signature/Date: __________________________ 1/3/15

Office of the Registrar use ONLY

Date Rec’d: _____ Date Completed: _____ Entered: SCACRSE  SCADETL  SCARRES  SCAPREQ
Delete a Course
Course Data Entry Form

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The course listed below will be removed from the Ferris State University Catalog.
(See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHCG  b. Number 490  c. Enter Contact Hours per week in boxes.
   Lecture       Lab       Seminar

d. INDependent Study [ ] Practicum: [ ] (Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Special Topics in PHCG

UCC Chair Signature/Date:  

Academic Affairs Approval Signature/Date: 

Office of the Registrar use ONLY

Date Rec'd: _____ Date Completed: _____ Entered: SCACRSE _ SCADETL _ SCARRES _ SCAPREQ ___
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The course listed below will be removed from the Ferris State University Catalog.
(See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHCG  b. Number 497  c. Enter Contact Hours per week in boxes.
   LECTure  LAB  Seminar

d. INDependent Study ☐ Practicum: ☐ [Check (x) box as appropriate. See definitions in Appendix E.]

e. Full Course Title: Special Studies in PHCG

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UCC Chair Signature/Date:  

Academic Affairs Approval Signature/Date:  

Office of the Registrar use ONLY

Date Rec'd: _____ Date Completed: _____ Entered: SCACRSE _ SCADETL _ SCARRRES _ SCAPREQ _
Delete a Course

FORM F
Course Data Entry Form
September 2012

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

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHCH  b. Number 390  c. Enter Contact Hours per week in boxes.
   LECTure  LAB  Seminar

d. INDepeNdent Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Special Topics in PHCH

________________________________________________________________________

UCC Chair Signature/Date: ________________________________ / /

Academic Affairs Approval Signature/Date: ________________________________ 9/7/15

________________________________________________________________________

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Date Rec’d: ____ Date Completed: ____ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __
Delete a Course

FORM F
Course Data Entry Form
September 2012

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The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term  Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix  PHCH   b. Number  452   c. Enter Contact Hours per week in boxes.
   d. INDependent Study Practicum:  [Check (x) box as appropriate.  See definitions in Appendix E.]
   e. Full Course Title: Special Topics in Medicinal Chem

__________________________
UCC Chair Signature/Date:  \/

__________________________
Academic Affairs Approval Signature/Date:  \/

Office of the Registrar
Use only

Date Rec’d:  ____ Date Completed:  ____ Entered:  SCACRSE _ SCADETL _ SCARRES _ SCAPREQ _
Delete a Course

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Course Data Entry Form
September 2012

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The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHCH  b. Number 490  c. Enter Contact Hours per week in boxes.
   d. INDependent Study Practicum: | Check (x) box as appropriate. See definitions in Appendix E.)
   e. Full Course Title: Special Topics in PHCH

UCC Chair Signature/Date:  

Academic Affairs Approval Signature/Date:  

Office of the Registrar use ONLY

Date Rec’d: _____ Date Completed: _____ Entered: SCACRSE __ SCADTL __ SCARRES __ SCAPREQ __
Delete a Course

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Course Data Entry Form
September 2012

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The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHCH b. Number 497 c. Enter Contact Hours per week in boxes.
   LECTure LAB Seminar
   d. INDEPENDENT Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.)
   e. Full Course Title: Special Studies in PHCH

UCC Chair Signature/Date: ____________________________  1/1  ____________________________  4/27/15

Academic Affairs Approval Signature/Date: ____________________________  4/27/15

Office of the Registrar

use ONLY

Date Rec'd: _____ Date Completed: _____ Entered: SCACRSE _ SCADTL _ SCARRES _ SCAPREQ _
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September 2012

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The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHCL  b. Number 352  c. Enter Contact Hours per week in boxes.
   LECture LAB Seminar
d. INDependent Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Select Topics - Pathophysiology

UCC Chair Signature/Date:

Academic Affairs Approval Signature/Date: __________/______

Office of the Registrar use ONLY

Date Rec’d: _____ Date Completed: _____ Entered: SCACRSE __ SCADETL __ SCARRS __ SCAPREQ __
Delete a Course

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September 2012

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The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

- a. Course Prefix PHCL
- b. Number 462
- c. Enter Contact Hours per week in boxes.
- d. INdependent Study Practicum: (Check (x) box as appropriate. See definitions in Appendix E.)
- e. Full Course Title: Select Topics - Pharmacology

UCC Chair Signature/Date: ___________________________  1/1

Academic Affairs Approval Signature/Date: ___________________________  9/27/15

Office of the Registrar
use ONLY

Date Rec'd:  Date Completed:  Entered: SCACRSE  SCADEL  SCARRES  SCAPREQ
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a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHCL  b. Number 490  c. Enter Contact Hours per week in boxes.
d. INDependenH Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.]
e. Full Course Title: Special Topics in PHCL

UCC Chair Signature/Date: ___________________________  Academic Affairs Approval Signature/Date: ___________________________
Office of the Registrar use ONLY
Date Rec’d: _____ Date Completed: _____ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __
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a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHCL  b. Number 497  c. Enter Contact Hours per week in boxes.
   d. INDependent Study  Practicum:  Seminar  (Check (x) box as appropriate. See definitions in Appendix E.)
   e. Full Course Title: Special Studies in PHCL

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

Office of the Registrar

use ONLY

Date Rec’d: _____ Date Completed: _____ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___
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Course Data Entry Form
September 2012

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

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR  b. Number 290  c. Enter Contact Hours per week in boxes.  
   Lecture  LAB  Seminar  
   d. INdependeStudy Practicum: [Check (x) box as appropriate. See definitions in Appendix E.]  
   e. Full Course Title: Special Topics in PHPR

UCC Chair Signature/Date: 

Academic Affairs Approval Signature/Date: 

Date Rec’d: _____Date Completed: _____ Entered: SCACRSE __ SCADTL __SCARRS __SCAPREQ __
Delete a Course

FORM F
Course Data Entry Form
September 2012

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

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR  
b. Number  397  
c. Enter Contact Hours per week in boxes.  
d. Independent Study Practicum:  
   [Check (x) box as appropriate. See definitions in Appendix E.)  
e. Full Course Title: Special Topics in PHAR

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

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Date Rec’d: _____ Date Completed: _____ Entered: SCACRSE __ SCADTL __SCARRES __ SCAPREQ __
Delete a Course

FORM F
Course Data Entry Form
September 2012

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

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix  PHPR  b. Number  420  c. Enter Contact Hours per week in boxes.
   LECTure  LAB  Seminar

d. INDependet Study  Practicum:  [Check (x) box as appropriate. See definitions in Appendix E.]

e. Full Course Title: Prof Developmental Seminar

UCC Chair Signature/Date:  

_________________________  / / ______________________

Academic Affairs Approval Signature/Date:

_________________________  / / ______________________

Office of the Registrar
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Date Rec'd: Date Completed: Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___
Delete a Course

FORM F
Course Data Entry Form
September 2012

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

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

ap. Course Prefix PHPR b. Number 552 c. Enter Contact Hours per week in boxes. LECTure LAB Seminar
d. INDependent Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.)
e. Full Course Title: Intro to Pharm Clinics

UCC Chair Signature/Date: ___________________________  ____________

Academic Affairs Approval Signature/Date: ___________________________  ____________

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Date Rec’d: _____ Date Completed: _____ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __
Delete a Course

FORM F
Course Data Entry Form
September 2012

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

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR   b. Number 564   c. Enter Contact Hours per week in boxes.
   LECture LAB Seminar
d. INDependent Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.]

e. Full Course Title: Eval Internet drug Info Res

UCC Chair Signature/Date: ____________________________

Academic Affairs Approval Signature/Date: ____________________________

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Date Rec'd: _____ Date Completed: _____ Entered: SCACRSE _ SCADTL __ SCARRES __ SCAPREQ __
Delete a Course

FORM F
Course Data Entry Form
September 2012

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

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR b. Number 588 c. Enter Contact Hours per week in boxes.

   LECture LAB Seminar

d. INDependEnt Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Adv Presentation – Teach Skills

UCC Chair Signature/Date: __________________________ 1/1

__________________________ 9/27/15
Academic Affairs Approval Signature/Date:

Office of the Registrar

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Date Rec’d: _____ Date Completed: _____ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __
Delete a Course

FORM F
Course Data Entry Form
September 2012

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

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR b. Number 574 c. Enter Contact Hours per week in boxes.

   LECTure LAB Seminar

d. INDependent Study Practicum: (Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Interdisciplinary Com Research

UCC Chair Signature/Date: ___________________________ 1 __________

Academic Affairs Approval Signature/Date: ___________________________ 4/7/15

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Delete a Course

FORM F
Course Data Entry Form
September 2012

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

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR  b. Number 578  c. Enter Contact Hours per week in boxes.
   LECture LAB Seminar
   d. INDependent Study Practicum: (Check (x) box as appropriate. See definitions in Appendix E.)
   e. Full Course Title: Immunization Delivery

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

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Date Rec’d: _____ Date Completed: _____ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___
Delete a Course

FORM F
Course Data Entry Form
September 2012

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

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR  b. Number 590  c. Enter Contact Hours per week in boxes.
   LECture LAB Seminar
   d. INDepend Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.]
   e. Full Course Title: Special Topics in PHPR

UCC Chair Signature/Date: ___________________________________________ 1 / 1

Academic Affairs Approval Signature/Date: ________________________________ 4 / 27 / 15

Office of the Registrar use ONLY
Date Rec’d: ______ Date Completed: ______ Entered: SCACRSE __ SCADETL __ SCHARRES __ SCAPREQ __
Delete a Course

FORM F
Course Data Entry Form
September 2012

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

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR  b. Number 605  c. Enter Contact Hours per week in boxes.

  [ ] LECture  [ ] LAB  [ ] Seminar

  [X] INDependStudy [X] Practicum: [ ] Seminar

  [ ] Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Academic Pharmacy Experience


UCC Chair Signature/Date: ____________________________

Academic Affairs Approval Signature/Date: ____________________________

Date Rec’d: ____ Date Completed: ____ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ ___
Delete a Course

FORM F
Course Data Entry Form
September 2012

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

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

d. INDependent Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.]

e. Full Course Title: Drug Information Clerkship

UCC Chair Signature/Date: ___________________________ 1/1

Academic Affairs Approval Signature/Date: ___________________________ 7/27/15

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Date Rec’d: _____ Date Completed: _____ Entered: SCACRSE ___ SCADETL ___ SCARRSES ___ SCAPREQ ___
Delete a Course

FORM F
Course Data Entry Form
September 2012

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

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR b. Number 607 c. Enter Contact Hours per week in boxes.
d. INdependent Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.)
e. Full Course Title: Drug Use Policy Clerkship

UCC Chair Signature/Date: ____________________________ 1 / 1

Academic Affairs Approval Signature/Date: ____________________________ 4 / 27 / 15

Office of the Registrar use ONLY

Date Rec’d: _____ Date Completed: _____ Entered: SCACRSE ___ SCADET ___ SCARRES ___ SCAPREQ ___
Delete a Course

FORM F
Course Data Entry Form
September 2012

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The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR
b. Number 609
c. Enter Contact Hours per week in boxes.
   LECture LAB Seminar

d. INDependent Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.]
e. Full Course Title: Profession Org Mgmt Clerkship

UCC Chair Signature/Date: ___________ / /

Academic Affairs Approval Signature/Date: 

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Date Rec’d: ___ Date Completed: ____ Entered: SCACRSE ___ SCADETL ___SCARRES ___ SCAPREQ ___
Delete a Course

FORM F
Course Data Entry Form
September 2012

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The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR  b. Number 612  c. Enter Contact Hours per week in boxes.
   LECture LAB Seminar
d. INDependent Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.)
   e. Full Course Title: Rural Health Clerkship

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

Office of the Registrar

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Date Rec’d: ______ Date Completed: ______ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___
Delete a Course

FORM F
Course Data Entry Form
September 2012

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The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR  b. Number 625  c. Enter Contact Hours per week in boxes.
   LECture  LAB  Seminar

d. INDependEn Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Comm Pharmacy Practice

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

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Date Rec’d: ___  Date Completed: ___  Entered: SCACRSE ___  SCADETL ___  SCARRES ___  SCAPREQ ___
Delete a Course

FORM F
Course Data Entry Form
September 2012

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

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR  b. Number 670  c. Enter Contact Hours per week in boxes.
   LECTure   LAB   Seminar

d. INDependent Study Practicum: (Check [x] box as appropriate. See definitions in Appendix E.)

   e. Full Course Title: Clinical Research Clerkship

UCC Chair Signature/Date: ___________________________ 11

Academic Affairs Approval Signature/Date: ___________________________ 11

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Date Rec’ed: _____ Date Completed: _____ Entered: SCACRESE __ SCADETL __ SCARES __ SCAPREQ __
Delete a Course

FORM F
Course Data Entry Form
September 2012

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

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHPR b. Number 690 c. Enter Contact Hours per week in boxes.

d. INDependENT Study Practicum: Seminar

(Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Special Topics in PHPR

UCC Chair Signature/Date: ____________________________

Academic Affairs Approval Signature/Date: ____________________________

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Date Rec'd: _____ Date Completed: _____ Entered: SCACRSE SCADTL SCARRES SCAPREQ
Delete a Course

FORM F
Course Data Entry Form
September 2012

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

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHSV
b. Number 297
c. Enter Contact Hours per week in boxes.
   LECture
   LAB
   Seminar
d. INDependent Study Practicum: (Check (x) box as appropriate. See definitions in Appendix E.)
e. Full Course Title: Independent Study – Non Major

UCC Chair Signature/Date:  

Academic Affairs Approval Signature/Date:  

Office of the Registrar

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Date Rec’d: Date Completed: Entered: SCACRSE _ SCADETL _ SCARRRES _ SCAPREQ _
Delete a Course

FORM F
Course Data Entry Form
September 2012

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

The course listed below will be removed from the Ferris State University Catalog. (See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PHSV  b. Number 497  c. Enter Contact Hours per week in boxes.
   LECture LAB Seminar  
d. INDependet Study Practicum:  [Check (x) box as appropriate. See definitions in Appendix E.)
e. Full Course Title: Independent Study – Non Major

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

Office of the Registrar use ONLY

Date Rec’d: ___ Date Completed: ___ Entered: SCACRSE ____ SCADTL ____ SCARRES ____ SCAPREQ ____
Hi Mo,

All of the Pharmacy courses for the purge are all good.

Thanks.

James A. Lindsey
Information Systems Analyst
Enrollment Services
1201 South State Street, CSS 101
Big Rapids, MI 49307-2747
Phone: 231-591-2782
E-mail: lindseyj@ferris.edu

From: Kathy L Fisher
Sent: Tuesday, April 28, 2015 12:02 PM
To: James A Lindsey
Subject: RE: Form A for course purge

Cool, thanks!

Kathy L. Fisher
Asst: Director, Enrollment Technical Services
Enrollment Services | Institutional Research
Ferris State University | CSS 101W
tel. 231-591-5014  fax 231-591-2950

From: James A Lindsey
Sent: Tuesday, April 28, 2015 12:01 PM
To: Kathy L Fisher
Subject: RE: Form A for course purge

Hi Kathy,

Sure, I will do it this afternoon.

Thanks.
From: Kathy L Fisher  
Sent: Tuesday, April 28, 2015 11:59 AM  
To: James A Lindsey  
Subject: RE: Form A for course purge

Thanks Jim! If you find some time could you do the Pharmacy one also? I know I said I would, but can't seem to get to it!

Kathy L. Fisher  
Asst. Director, Enrollment Technical Services  
Enrollment Services | Institutional Research  
Ferris State University | CSS 101W  
tel. 231-591-5014 fax 231-591-2950

From: James A Lindsey  
Sent: Thursday, April 23, 2015 9:44 AM  
To: Maureen K Milzarski; Kathy L Fisher  
Cc: Paula L Hadley-Kennedy  
Subject: RE: Form A for course purge

Hi Mo,

Here is the College of Business report of Classes that are still active in MyDegree. You can see that Catalog Year end some might not be active, but when the catalog year is 9999 that means “til the end of time”.

Thanks.

James A. Lindsey  
Information Systems Analyst  
Enrollment Services  
1201 South State Street, CSS 101  
Big Rapids, MI 49307-2747  
Phone: 231-591-2782  
E-mail: lindseyj@ferris.edu

From: Maureen K Milzarski  
Sent: Wednesday, April 22, 2015 8:47 AM  
To: Kathy L Fisher; James A Lindsey  
Subject: Form A for course purge
These have not been signed, but this will give you opportunity to check to insure the courses do not impact checksheets.

Thank you for your help!

Maureen Milzarski | Administrative Secretary to the Associate Provosts
Ferris State University | Office of the Provost and Vice President for Academic Affairs
1201 S. State St. - CS 310F | Big Rapids, MI 49307
(231) 591-3532 office · (231) 591-3592 fax · Academic Affairs website

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