



REQUEST TO OFFER A SPECIAL TOPICS ELECTIVE FORM

Proposed Course Title:

Name of Faculty Member(s):

Department:

Course number (check one): **PHRM 5210** **PHRM 5980** **PHRM 7210**

Semester and Year:

Number of credit hours (1-3 for PHRM 5210, 5980; 1-5 for PHRM 7210):

Number of students: **Minimum** **Maximum** **Total Number**

Pre-requisites (if any):

Brief description of course (including workload for the student):

Method of instruction: .

Course objectives and syllabus: PLEASE submit separately with this form (The syllabus should address how the course content is organized as well as the means of assessing students to determine their grade).

Location(s) from which the course will be taught:

Site(s) at which students may enroll:

First time given? **Yes** **No (If no, please explain.)**

Does the instructor plan to continue this course as an elective? **Yes** **No**
If yes, what are your plans to make it a regular elective?

If yes, how often will you review the course to determine its quality and references as to assess the currency of the information? (This if for PHRM 5210 courses only).

Unit Head Approval (Required prior Curriculum Committee Review)	Curriculum Committee Approval (Required prior to Dean's Office Review)	Dean's Office Approval
Date:	Date:	Date: