

**Chicago State University College of Pharmacy  
Course Proposal Form**

Date Submitted:

Course Name:

Faculty Member(s):

Type of Course:      ☐ Core (required)                      ☐ Elective

Number of Credits:

Semesters Offered:      ☐ Fall    ☐ Spring              ☐ Summer      ☐ Intersession

Maximum Enrollment:

Course Description, Topic Outline and Objectives (attach syllabus)

Anticipated Additional Expenses    ☐ No    ☐ Yes (explain below)

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**Upon Department Chair's approval, the original should be forwarded to the Chair of the Curriculum Committee, with copies retained by the Department Chair and submitting Faculty Member**

Faculty signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair approval \_\_\_\_\_ Date \_\_\_\_\_

Curriculum Committee Recommendation: Approve \_\_\_\_\_ Deny \_\_\_\_\_ Revise \_\_\_\_\_ Date \_\_\_\_\_

General Faculty:              Approve \_\_\_\_\_ Deny \_\_\_\_\_ Revise \_\_\_\_\_              Date \_\_\_\_\_

Approved 2/2009