Chicago State University College of Pharmacy
Curriculum Revision Form

Date Submitted: _____

Courses Impacted by Proposal_____

Faculty Member(s): _____

Type of Course: ◯ Core (required) ◯ Elective

Semesters Offered: ☐ Fall ☐ Spring

Description of proposed revision:

Justification for proposed revision (attach additional sheets if necessary):

Anticipated Additional Expenses ◯ No ◯ Yes (explain below)

_____

_____

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_____