Proposal to Change a Course

NOTE: All gray text boxes must be completed (even if you just put N/A into them), otherwise the committee must consider the form incomplete.

Contact person Michael Ruscio  Email address rusciom@cofc.edu Phone 843-953-7106

1. Department: Psychology

2. Course Number and Title: PSYC386 - Psychopharmacology

3. Semester and year when the course change(s) will go into effect: Fall 2011

4. Change(s) Desired (Note: if more than 2 items listed under “Typical changes handled by this form” in Guidelines for Planning to Change a Course, then a New Course form must be completed):

   Title change: PSYC386 - Behavioral Pharmacology

5. Justification for Change(s):

   The instructor for this course places a heavy emphasis on cellular and behavioral aspects of pharmacology. The change will make the title more descriptive and consistent with the content of the course. Additionally, this title is consistent with another course in the department, PSYC214, recently retitled to Behavioral Neuroscience. This course is a prerequisite for PSYC386.

6. Is this course to be added to the Degree Requirements of a Major, Minor, Concentration or List of Approved Electives?
   a) □ yes  ☒ no

   b) If yes, complete the Change Degree Requirements form(s) and list the name(s) of the major, minor, concentration and/or list of approved electives here:

7. Is the course part of any other degree or program? Please consult the most up to date undergraduate catalog and search for uses of the course to see who should be contacted. If yes, what department/program? Please contact the department chair/program director and request a note or email that they are aware of the proposed change and include that note with the proposal.
   No.
8. Signature of Department Chair or Program Director:

________________________________________________________________________

Date: ____________________________

9. Signature of Dean of School:

________________________________________________________________________

Date: ____________________________

10. Signature of Curriculum Committee Chair:

________________________________________________________________________

Date: ____________________________

11. Signature of Faculty Senate Secretary:

________________________________________________________________________

Date Approved by Senate: ____________________________

Completed form should be sent by the Faculty Senate Secretary to the Registrar. After implementation, information concerning the passed course and program changes will be provided by the Registrar to all faculty and staff on campus.