<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Reviewed change at division meeting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td>Presented as informational item at Division Chair Meeting(s) and checked if it affects other departments. Like programs must meet with Division Chairs on all affected campuses (North Mankato and Faribault).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Division Chair’s signature</td>
<td>Jenny Lundquist</td>
<td></td>
</tr>
<tr>
<td>Step 3</td>
<td>Instructional Dean reviewed and indicated need for Curriculum Committee approval.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Instructional Dean’s signature</td>
<td>Weenda</td>
<td></td>
</tr>
<tr>
<td>Step 4</td>
<td>Advisory Committee approval indicated in meeting minutes if necessary. Minutes provided to Curriculum Committee.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 5</td>
<td>Curriculum Committee made recommendations (changes, additional approvals, etc.). If no, skip to Step 7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 6</td>
<td>Committee’s recommendations completed. (Skip if not applicable.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 7</td>
<td>Curriculum Committee approved.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Curriculum Committee Chair’s signature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 8</td>
<td>Minutes and necessary materials provided to VP of Academic Affairs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 9</td>
<td>Vice President of Academic Affairs approved.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vice President of Academic Affairs’ signature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 10</td>
<td><strong>New</strong> Course Maximum Enrollment to Shared Governance.</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Step 11</td>
<td>President’s approval for all changes requiring MnSCU approval.</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>President’s signature</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B

New Course or Course Change Proposal Form

Date of Proposal: 9/13/12
Author: Summer Groff
Proposal Type: | (*) New Course | Modify Course | Delete Course
Contact for the Course: Summer Groff
Course Designator, Number and Title (i.e.: ACCT 1800, Business Law):
PHRM 2117 Retail Internship
Number of Credits: 4
Prerequisites: PHRM 1112, 1113, 2114

Course Description:

<table>
<thead>
<tr>
<th>Grading Method</th>
<th>Grade</th>
<th>Pass/Fail</th>
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<tbody>
<tr>
<td>Scheduling:</td>
<td>Fall</td>
<td>Spring</td>
</tr>
<tr>
<td>Instructional Type:</td>
<td>Lecture</td>
<td>Lab</td>
</tr>
</tbody>
</table>

(*) Class Maximum: (For New Courses Only) / All Unlimited faculty members of a program or discipline must sign.

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>Faculty Signature</th>
<th>Class Max</th>
<th>Date</th>
</tr>
</thead>
</table>

Dean's Name
Dean's Signature
Date

If there is not enough space provided, please use the back of this form for additional signatures or click on a row with the right button of the mouse, select insert and then select insert rows below to add rows to the table.

Is this Course Proposed as a Liberal Arts Course: Yes ☑ No

If Yes, Which MnTC Area/Areas Will it Fulfill (http://www.mntransfer.org)?

Is This Course a Requirement/Elective for a Specific Program or Programs? Yes ☑ No

If Yes, Which Program(s)? Pharmacy Technician

Describe What is Changing/Being Added, and the Rationale:

Chg name to PHRM 2117 Community Pharmacy Internship
Name chg. per accreditation so as to not bore students into a particular internship setting. Desc. chg. to match name &

What Impact Will This New Course or Change Have on Other Programs or Areas?

None

➢ Attach Common Course Outline to this Form.
CURRICULUM COMMITTEE CHECKLIST

NAME OF PROGRAM: Pharmacy Technician  
Date: 9/3/12

Step 1  Reviewed change at division meeting.  
YES  NO

Step 2  Presented as informational item at Division Chair Meeting(s)  
and checked if it affects other departments. Like programs must  
meet with Division Chairs on all affected campuses (North  
Mankato and Faribault).  
Division Chair’s signature Jenny Nundel

Step 3  Instructional Dean reviewed and indicated need for Curriculum  
Committee approval.  
Instructional Dean’s signature  

Step 4  Advisory Committee approval indicated in meeting minutes if  
necessary. Minutes provided to Curriculum Committee.  
X YES  NO

Step 5  Curriculum Committee made recommendations (changes,  
additional approvals, etc.). If no, skip to Step 7.  
X

Step 6  Committee’s recommendations completed. (Skip if not  
applicable.)  
X

Step 7  Curriculum Committee approved.  
Curriculum Committee Chair’s signature

Step 8  Minutes and necessary materials provided to VP of Academic  
Affairs.  

Step 9  Vice President of Academic Affairs approved.  

Vice President of Academic Affairs’ signature  

Step 10 **New** Course Maximum Enrollment to Shared Governance.  

Step 11 President’s approval for all changes requiring MnSCU approval.  

President’s signature
# Appendix B

## New Course or Course Change Proposal Form

**Date of Proposal:** 9/13/12

**Author:** Summer Greffe

**Proposal Type:** (* )New Course

**Contact for the Course:** Summer Greffe

**Course Designator, Number and Title (i.e.: ACCT 1800, Business Law):**

PHRM 2119 Hospital / Institutional Internship

**Number of Credits:**

4

**Prerequisites:**

PHRM 2114

**Course Description:**

**Grading Method:** Grade

**Scheduling:** Fall

**Instructional Type:** Lecture

(* )Class Maximum: (For New Courses Only) / All Unlimited faculty members of a program or discipline must sign.

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>Faculty Signature</th>
<th>Class Max</th>
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<th>Dean's Name</th>
<th>Dean's Signature</th>
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<tbody>
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</tbody>
</table>

If there is not enough space provided, please use the back of this form for additional signatures or click on a row with the right button of the mouse, select insert and then select insert rows below to add rows to the table.

**Is this Course Proposed as a Liberal Arts Course:**

Yes

**If Yes, Which MnTC Area/Areas Will it Fulfill (http://www.mntransfer.org)?**

**Is This Course a Requirement/Elective for a Specific Program or Programs?**

Yes

**If Yes, Which Program(s)?**

Pharmacy Technician

**Describe What is Changing/Being Added, and the Rationale:**

CHG Name to PHRM 2119 Institutional Pharmacy Internship Name CHG, per accreditation so as to not box students into a particular internship setting. CHG DESC to match course name.

**What Impact Will This New Course or Change Have on Other Programs or Areas?**

None

➢ Attach Common Course Outline to this Form.