CBM003 ADD/CHANGE FORM

☐ Undergraduate Council  ☐ Graduate/Professional Studies Council
☐ New Course  ☐ Course Change
Core Category: NONE  Effective Fall 2006

1. Department: COMD  College: CLASS
2. Person Submitting Form: Sandra Gold-Singleton  Telephone: 3-2893
3. Course Information to New/Revised course:
   • Instructional Area / Course Number / Long Course Title:
     COMD / 4390 / CLINICAL PROCEDURES II
   • Instructional Area / Course Number / Short Course Title (30 characters max.):
     COMD / 4390 / CLINICAL PROCEDURES II
   • SCH: 3.00  Level: SR  CIP Code: 53.0261 0014  Lect Hrs: 3.0  Lab Hrs: 0.0
4. Justification for adding/changing course: To meet instructional needs of students
5. Was the proposed/revised course previously offered as a special topics course? ☐ Yes ☒ No
   If Yes, please complete:
   • Instructional Area / Course Number / Long Course Title:
     _______ / 53.0261 0014 / _______
   • Content ID: 30  Start Date (yyyy): 2006
6. Is this course offered for undergraduate credit only? ☒ Yes ☐ No
7. Authorized Degree Programs: COMD 48 and COMD 481
   • Does this course affect major/minor requirements in the College/Department? ☒ Yes ☐ No
   • Does this course affect major/minor requirements in other College/Departments? ☒ Yes ☐ No
   • Are special fees attached to this course? ☐ Yes ☒ No
   • Can the course be repeated for credit? ☒ Yes ☐ No
8. Grade Option: Letter (A, B, C, ...)  Instructional Type: Lecture
9. If this form involves a change to an existing course, please obtain the following information from the course inventory:
   Instructional Area / Course Number / Long Course Title:
   _______ / 53.0261 0014 / _______
   • Start Date (yyyy): 2006  Content ID: __________
10. Proposed Catalog Description:
    □ Prerequisites: COMD 337, COMD 383, COMD 489  GPA in major: ______
    □ Description (30 words max.): Advanced conceptual models and application strategies for clinical management.
    May be taken for graduate credit.
11. Dean’s Signature: __________________________  Date: 10/1/2005

Print/Type Name: __________________________

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