### CBM003 ADD/CHANGE FORM

**Undergraduate Council**

- [ ] New Course  **X** Course Change

**Core Category:** ______  **Effective Fall 2006**

**Department:** Health and Human Performance  **College:** Ed./Hum.

**Person Submitting Form:** Dr. Charles Layne  **Telephone:** 713-743-9868

**Course Information on New/Revised course:**

- Instructional Area / Course Number / Long Course Title:
  - **PEB / 1120 / COMBAT SPORTS**
- Instructional Area / Course Number / Short Course Title (30 characters max.)
  - **PEB / 1110 / COMBATIVE SPORTS**
- SCH: 1.00  **Level:** Jr  **CIP Code:** 17.1007 50.04  **Lab Hrs:** __  **Lect Hrs:** __

**Justification for adding/Changing course:** *To reflect appropriate instruction type*

- **Yes**  **No**

**Was the proposed/revised course previously offered as a special topics course?**

- **Yes**  **No**

**Content ID:** 295247  **Start Date:** 2004/2  **End Date:** 2004/2

**Is this course offered for undergraduate credit only?**

- **Yes**  **No**

**Authorized Degree Program(s): BS in Kinesiology**

- 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**

**Grade Option:** **MT** (multiple types)  **Instruction Type:** lecture/laboratory

**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

**Start Date:** 2004/2  **Content ID:** 295242

**Proposed Catalog Description:**

*C: (1.1) Prerequisites: None  Description (50 words max.): Course offers instruction and practice in variety of fighting styles as well as assignments to foster an understanding of different fighting techniques.*

**Dean's Signature:** ____________________________  **Date:** 11/7/06

**Print/Type Name:** ____________________________

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