CBM003 ADD/CHANGE FORM

Undergraduate Council ☒
New Course ☐ Course Change ☐
Core Category: NONE Effective Fall 2010

Graduate/Professional Studies Council
☐ New Course ☐ Course Change
Effective Fall __

1. Department: Political Science College: CLASS
2. Faculty Contact Person: Scott Basinger Telephone: 713-743-3911 Email: sjbasinger@uh.edu
3. Course Information on New/Revised course:
   - Instructional Area / Course Number / Long Course Title:
     OSS / 3301 / Regression Analysis
   - Instructional Area / Course Number / Short Course Title (30 characters max.)
     OSS / 3301 / REGRESSION ANALYSIS
   - SCH: 3.00 Level: JR CIP Code: 52.1302.00 Lect Hrs: 3 Lab Hrs: 0
4. Justification for adding/changing course: To provide for new discipline areas
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:
     ___ / ___ / ___
   - Course ID: _____ Effective Date (currently active row): _____
6. Authorized Degree Program(s):
   - Does this course affect major/minor requirements in the College/Department? ☐ Yes ☒ No
   - Does this course affect major/minor requirements in other Colleges/Departments? ☐ Yes ☒ No
   - Can the course be repeated for credit? ☐ Yes ☒ No (if yes, include in course description)
7. Grade Option: Letter (A, B, C . . . ) Instruction Type: lecture ONLY (Note: Lect/Lab info. must match item 3, above.)
8. 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
     ___ / ___ / ___
   - Course ID:_____ Effective Date (currently active row): _____
9. Proposed Catalog Description: (If there are no prerequisites, type in "none").
   Cr: 3. (3-0). Prerequisites: QSS 2300 or equivalent. Description (30 words max.): The general linear
   inference and hypothesis testing. Violations of model assumptions and alternative estimators.
10. Dean's Signature: ___________________________ Date: 09/23/09
    Print/Type Name: Dr. Sarah Fishman