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: Sociology College: CLASS

2. Faculty Contact Person: Jon Lorence Telephone: 3-3959 Email: jlorence@uh.edu

3. Course Information on New/Revised course:
   - Instructional Area / Course Number / Long Course Title:
     SOC / 3388 / Visual Sociology
   - Instructional Area / Course Number / Short Course Title (30 characters max.):
     SOC / 3388 / VISUAL SOCIOLOGY
   - SCH: 3.00 Level: JR CIP Code: 4511010001 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): B.A., B.S. Sociology
   - 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: seminar (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: SOC 1300 or consent of instructor. Description (30 words max.): Uses of still or moving images as a means to collect social data, enhance interviews, and disseminate findings.

10. Dean's Signature: ______________________________ Date: 09/21/09

Print/Type Name: Dr. Sarah Fishman