CBM003 ADD/CHANGE FORM

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

or

Graduate/Professional Studies Council
☐ New Course ☐ Course Change
Effective Fall 2010

1. Department: LAST College: CLASS

2. Faculty Contact Person: Susan Kellogg Telephone: 3-3118 Email: skellogg@uh.edu

3. Course Information on New/Revised course:
   - Instructional Area / Course Number / Long Course Title:
     LAST / 4396 / Selected Topics in Latin American Studies
   - Instructional Area / Course Number / Short Course Title (30 characters max.)
     LAST / 4396 / SELECTED TOPICS
   - SCH: 3.00 Level: SR CIP Code: 05.0107.00.01 Lect Hrs: 3 Lab Hrs: 0

4. Justification for adding/changing course: To provide for important discipline area

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: Junior standing or consent of instructor, Description (30 words max.): Selected topics in Latin American Studies: May be repeated for credit when topics vary.

10. Dean’s Signature: __________________________ Date: 10/6/09

Print/Type Name: Dr. Sarah Fishman