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: MCL  College: CLASS

2. Faculty Contact Person: Casey Due-Hackney  Telephone: 3-3240  Email: cldue@mail.uh.edu

3. Course Information on New/Revised course:
   - Instructional Area / Course Number / Long Course Title:
     CLAS / 3399 / Senior Honors Thesis
   - Instructional Area / Course Number / Short Course Title (30 characters max.):
     CLAS / 3399 / SENIOR HONORS THESIS
   - SCH: 3.00  Level: JR  CIP Code: 16.1200.0001  Lect Hrs: 3  Lab Hrs: 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:
     _____ / _____ / _____
   - Course ID: _____  Effective Date (currently active row): _____

6. Authorized Degree Program(s): BA Classical Studies
   - 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: LI (letter, in progress)  Instruction Type: independent study  (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: permission of Director of Classical Studies.  Description (30 words max.):
   Independent research and writing for the senior honors thesis.

10. Dean's Signature: ___________________________ Date: 10/5/09

Print/Type Name: Dr. Sarah Fishman