CBM003 ADD/CHANGE FORM

1. Department: Engineering Technology  College: TECH
2. Faculty Contact Person: Raresh Pascali  Telephone: 3-4869  Email: rpascali@uh.edu
3. Course Information on New/Revised course:
   - Instructional Area / Course Number / Long Course Title:
     MECT / 4361 / Cardiovascular Mechanics
   - Instructional Area / Course Number / Short Course Title (30 characters max.):
     MECT / 4361 / CARDIOVASCULAR MECHANICS
   - SCH: 3.00  Level: SR  CIP Code: 15.0899.01 19  Lect Hrs: 3  Lab Hrs: 0
4. Justification for adding/changing course: **To incorporate new developments in discipline**
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): BS, Mechanical Engineering Technology
   - 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: MECT 3331, 3355, 3358. 
   Description (30 words max.): Healthy/diseased cardiovascular physiology, histology, cellular and extracellular matrix relations, solid mechanics, 
   hemodynamics, applied thermodynamics, constitutive formulations, kinematics, mechanotransduction, growth and remodeling, and treatment of cardiovascular disease.
10. Dean’s Signature: ____________________________  Date: 10/15/09
    Print/Type Name: Fred Lewallen

- Created on 10/5/2009 12:50:00 AM -