CBM003 ADD/CHANGE FORM  

**Undergraduate Council**  
- New Course  
- Course Change  

**Core Category:**  
- Effective Fall 2010  

**or**  
- Graduate/Professional Studies Council  
- New Course  
- Course Change  

**Effective Fall**  

1. Department: Health and Human Performance  
College: EDUC

2. Faculty Contact Person: Dr. Phyllis Gingiss  
Telephone: 39843  
Email: pmingiss@uh.edu

3. Course Information on New/Revised course:  
- Instructional Area / Course Number / Long Course Title:  
  HLT / 4308 / Understanding Cancer
- Instructional Area / Course Number / Short Course Title (30 characters max.)  
  HLT / 4308 / UNDERSTANDING CANCER
- SCH: 3.00  
  Level: SR  
  CIP Code: 51.0000.01.14  
  Lect Hrs: 2  
  Lab Hrs: 0.0

4. Justification for adding/changing course: **To reflect change in prerequisite course**

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) yyyy-MM-dd: _____

6. Authorized Degree Program(s): B.S. Health  
- 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  
HLT / 4308 / Understanding Cancer
- Course ID: 026542  
  Effective Date (currently active row) yyyy-MM-dd: 2003-08-25

9. Proposed Catalog Description: (If there are no prerequisites, type in "none").  
Cr: 3. (3-0).  Prerequisites: Junior standing. Six semester hours of natural science or consent of instructor.  
Description (30 words max.): Cancer prevention, control, and its impact on individuals, families, and the community.

10. Dean’s Signature: [Signature]  
Date: 10/15/09

Print/Type Name: Dr. Robert Wimpelberg