CBM003 ADD/CHANGE FORM

- [X] Undergraduate Council
- [ ] New Course [X] Course Change

Core Category: _____ Effective Fall 2010

or

- [ ] Graduate/Professional Studies Council
- [ ] New Course [ ] Course Change

Effective Fall 2009

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 / 4397 / Selected Topics in Health
   - Instructional Area / Course Number / Short Course Title (30 characters max.)
     HLT / 4397 / SELECTED TOPICS IN HEALTH
   - SCH: 3.00  Level: SR  CIP Code: 51.0000.01.14  Lect Hrs: 3  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  [X] 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?  
     [X] Yes  [ ] No
   - Does this course affect major/minor requirements in other Colleges/Departments?  
     [X] Yes  [ ] No
   - Can the course be repeated for credit?  
     [ ] Yes  [X] 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 / 4397 / Selected Topics in Health
   - Course ID: 026558  Effective Date (currently active row) yyyy-MM-dd: 2009-08-24

9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)
   Cr: 3. (3-0). Prerequisites:  
   Description (30 words max.): May be repeated for credit when topics vary.

10. Dean's Signature:  
    Date: 10/15/9

   Print/Type Name: Dr. Robert Wimpelberg