CBM003 ADD/CHANGE FORM

Undergraduate Council

New Course X Course Change
Core Category: _____ Effective Fall 2013

Graduate/Professional Studies Council

X New Course X Course Change
Effective Fall 2012

1. Department: Health and Human Performance College: CLASS
2. Faculty Contact Person: Lisa Alasuey Telephone: 7137430456 Email: lalastuey@uh.edu
3. Course Information on New/Revised course:
   - Instructional Area / Course Number / Long Course Title:
     KIN / 4330 / Child and Adolescent Obesity
   - Instructional Area / Course Number / Short Course Title (30 characters max.):
     KIN / 4330 / CHILD AND ADOLESCENT OBESITY
   - SCH: 3.00 Level: SR CIP Code: 31.0599 Lect Hrs: 3 Lab Hrs: 0
4. Justification for adding/changing course: To more accurately reflect course content/level
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): _____
6. Authorized Degree Program(s): BS KIN: Fitness and Sports
   - Does this course affect major/minor requirements in the College/Department? Yes X No
   - Does this course affect major/minor requirements in other Colleges/Departments? Yes X 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
   KIN / 4330 / Child and Adolescent Obesity
   - Course ID: 46205 Effective Date (currently active row): 8272012
9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)
   Cr: 3. (3-0). Prerequisites: KIN 1352 or instructor approval. Description (30 words max.): Overview of
   the assessment, determinants, prevention, and treatment of child and adolescent obesity.
10. Dean’s Signature: ___________________________ Date: /2/8/12

Print/Type Name: Sarah Fishman

- Created on 8/23/2011 1:30:00 PM -