UC 8901 06F

CBM003 ADD/CHANGE FORM

☑ Undergraduate Council or ☐ Graduate/Professional Studies Counci ☐ New Course ☒ Course Change ☐ New Course ☐ Course Change	l .
Core Category: NONE Effective Fall 2007 Effective Fall	
1. Department: Communication College: CLASS	
2. Person Submitting Form: <u>Jim Query, Ph.D.</u> Telephone: <u>3-8608</u> RECETYED OCT 0 3 2006	
 Course Information on New/Revised course: Instructional Area / Course Number / Long Course Title: COMM / 3300 / Health Communication 	: ,
 Instructional Area / Course Number / Short Course Title (30 characters max.) <u>COMM</u> / <u>3300</u> / <u>HEALTH COMMUNICATION</u> 	The state of the s
• SCH: <u>3.00</u> Level: <u>JR</u> CIP Code: <u>0909050001</u> Lect Hrs: <u>3</u> Lab Hrs: <u>C</u>	i
4. Justification for adding/changing course: To more accurately reflect course content/level	<i>}</i>
 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: //	
Content ID: Start Date (yyyy3):	
6. Is this course offered for undergraduate credit only? X Yes \(\subseteq\) No	
 7. Authorized Degree Program(s): <u>B. A. Comm</u> 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 Are special fees attached to this course? Yes No Can the course be repeated for credit? Yes No 	
8. Grade Option: <u>Letter (A, B, C)</u> Instruction Type: <u>lecture</u>	
 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 COMM / 4333 / Health Communication 	
• Start Date (yyyy3): 20053 Content I.D.: 297153	
10. Proposed Catalog Description: Cr: (3-0) Prerequisites: junior standing or consent of instructor. Description (30 words max.): Examin of the nature, contexts, theories, and selected research shaping health care consumers' understanding of the communication issues.	
1. Dean's Signature: Date: 1. Dean's Signature:	6
Print/Type Name: <u>Dr. Sarah Fishman-Boyd</u>	