## UC 9034 06F

## CBM003 ADD/CHANGE FORM

	$\boxtimes$	Undergraduate Council	or	☐ Graduate/Professional Studies Council
	☐ New Course ⊠ Course Change			☐ New Course ☐ Course Change
	Co	ore Category: Effective Fall 2007	, 	Effective Fall
538 538	1.	Department: Chemical Engineering College:	ENGR	DEOCUMED OCT 0 5 2006
	2.	Person Submitting Form: V. Balakotaiah Tele	ephone: <u>7</u>	43-4318 RECEIVED OCT 0 5 2006
	3. <b>9</b>	<ul> <li>Course Information on New/Revised course:</li> <li>Instructional Area / Course Number / Long</li> <li>CHEE / 53947 Transport Phenomena in Phy</li> </ul>	siologica	1 Systems
	9	• Instructional Area / Course Number / Short CHEE / 5394 / TRAN PHEN IN PHYSIOL	OGICAL.	SYS
		• SCH: <u>3.00</u> Level: <u>SR</u> CIP Code: <u>140701</u>	<u>0006</u> L	ect Hrs: <u>3</u> Lab Hrs: <u>0</u>
	4.	Justification for adding/changing course: Succe	ssfully t	ught as a selected topics course
	5.	Was the proposed/revised course previously off If Yes, please complete:  Instructional Area / Course Number / Long of CHEE / 5397 / Trans Phenomena in Phys Sy	Course Ti	
		• Content ID: <u>294091</u> Start Date (yyyy3): <u>2</u>	0041	
	6.	Is this course offered for undergraduate credit of		∕es
	7.	<ul> <li>Authorized Degree Program(s): B.S. in Chemic</li> <li>Does this course affect major/minor requirer</li> <li>Does this course affect major/minor requirer</li> <li>Are special fees attached to this course?</li> <li>Can the course be repeated for credit?</li> </ul>	ments in t ments in c Yes	ne College/Department?
	8.	Grade Option: <u>Letter (A, B, C)</u> Instruc	tion Type	e: <u>lecture</u>
	9.	If this form involves a change to an existing courthe course inventory: Instructional Area / Cour//		•
		• Start Date (yyyy3): Content I.D.:	<del>`</del>	
	10.	Proposed Catalog Description: (If there are no page 13.2)  Cr. (3-0). Prerequisites: BIOE 3440 CHEE 3.  Fundamental aspects of systems physiology and transport phenomena and chemical reactions in	l other lif	e science principles with quantitative analysis of
	11.	Dean's Signature:		Date/ 0/5/6c
		Print/Type Name: Dr. Fritz Claydon		