CBM003 ADD/CHANGE FORM

☐ Undergraduate Council
☐ New Course  ☒ Course Change
Core Category:  Effective Fall 2008

☐ Graduate/Professional Studies Council
☐ New Course  ☐ Course Change
Effective Fall __

1. Department: HRMA  College: HRM
2. Person Submitting Form: Nancy Graves  Telephone: 32426
3. Course Information on New/Revised course:
   - Instructional Area / Course Number / Long Course Title:
     HRMA / 3327 / Restaurant Layout and Design
   - Instructional Area / Course Number / Short Course Title (30 characters max.)
     HRMA / 3327 / RESTAURANT LAYOUT AND DESIGN
   - SCH: 3.00  Level: JR  CIP Code: 5209050016  Lect Hrs: 4  Lab Hrs: 2

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:
     ___ / ___ / ___
   - Content ID: ___  Start Date (yyyy3): ___

6. Authorized Degree Program(s): BS  M
   - 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

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
   HRMA / 3327 / Restaurant Layout and Design
   - Start Date (yyyy3): 20003  Content I.D.: 282221

9. Proposed Catalog Description: (If there are no prerequisites, type in "none").
   Cr: 3. (3-0). Prerequisites: HRMA 2220 335 or consent of instructor. Description (30 words max.):
   Location and arrangement of equipment for efficient utilization of space and development of work flow
   patterns to meet operational requirements. Work optimization, human interactions, and styles of service
   and room configurations for the front of the house.

10. Dean's Signature: ___________________________ Date: 10-10-07

Print/Type Name: Carl Boger