CBM003 ADD/CHANGE FORM

Undergraduate Council ☒ New Course ☒ Course Change
Core Category: NONE Effective Fall 2011

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

1. Department: Health and Human Performance College: CLASS
2. Faculty Contact Person: Sharon Bode Telephone: 34112 Email: sbode@uh.edu
3. Course Information on New/Revised course:
   - Instructional Area / Course Number / Long Course Title:
     NUTR / 3335 / Commercial Food Production
   - Instructional Area / Course Number / Short Course Title (30 characters max.)
     NUTR / 3335 / COMMERCIAL FOOD PRODUCTION
   - SCH: __00 Level: JR CIP Code: 19.0505.00.16 Lect Hrs: 3 Lab Hrs: __

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:
     __/__/____
   - Course ID: ____ Effective Date (currently active row): ____

6. Authorized Degree Program(s): B.S. Human Nutrition and Foods
   - 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
   - Can the course be repeated for credit? ☐ Yes ☒ 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
   NUTR / 3335 / Commercial Food Production
   - Course ID: 35374 Effective Date (currently active row): 08/25/2003

9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)
   Cr: 3. (3-0). Prerequisites: Junior standing, NUTR 3330. Concurrent enrollment in NUTR 3235 required.
   Description (30 words max.): Analysis of food service systems with laboratory experiences in quantity food processing and merchandising.

10. Dean's Signature: __________________ Date: __/__/____

Print/Type Name: Dr. Sarah Fishman

- Created on 9/22/2010 10:43:00 AM -