CBM003 ADD/CHANGE FORM

1. Department: Health and Human Performance  College: CLASS
2. Faculty Contact Person: Sharon Bode  Telephone: 43112  Email: sbode@uh.edu
3. Course Information on New/Revised course:
   • Instructional Area / Course Number / Long Course Title:
     NUTR / 4312 / Nutrition Assessment and Planning
   • Instructional Area / Course Number / Short Course Title (30 characters max.):
     NUTR / 4312 / NUTRITION ASSESSMENT & PLANNING
   • SCH: 3.00  Level: SR  CIP Code: 51.3101.00 14  Lect Hrs: 3  Lab Hrs: 0
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 / 4312 / Nutrition Assessment and Planning
   • Course ID: 35381  Effective Date (currently active row): 08/23/2004
9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)
   Cr. 3. (3-0).  Prerequisites: Junior standing, NUTR 2332, BIOL 1334, BIOL 1344, CHEM 1331, and
   CHEM 1332.  Description (30 words max.): Determination of nutritional status of individuals, including
   dietary assessment and anthropometric techniques. Emphasis on diet modification, counseling,
   documentation, and provision of care.
10. Dean's Signature:  
    Print/Type Name: Dr. Sarah Fishman

- Created on 9/22/2010 10:44:00 AM -