

CBM003 ADD/CHANGE FORM

APPROVED OCT 20 2010

Undergraduate Council
 New Course Course Change
 Core Category: _____ Effective Fall 2011

or

Graduate/Professional Studies Council
 New Course Course Change
 Effective Fall _____

RECEIVED SEP 28 2010

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: _____ Date: 9/24/10
 Print/Type Name: Dr. Sarah Fishman