CBM003 ADD/CHANGE FORM

Undergraduate Council  or  Graduate/Professional Studies Council

[ ] New Course  [ ] Course Change
[ ] New Course  [ ] Course Change

Core Category: NONE  Effective Fall 2011

Effective Fall __

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 / 4333 / Medical Nutrition Therapy - Cardiovascular
   - Instructional Area / Course Number / Short Course Title (30 characters max.)
     NUTR / 4333 / MNT - CARDIO
   - 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 / 4333 / Medical Nutrition Therapy - Cardiovascular
   - Course ID: 35385  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 4312.  Description (30 words max.): Medical nutrition therapy in the management of cardiovascular and renal diseases, diabetes, obesity, and digestive disorders.
10. Dean’s Signature: ________________________  Date: 9/24/10
    Print/Type Name: Dr. Sarah Fishman