CBM003 ADD/CHANGE FORM

Select one:

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

or

- 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: 43112  Email: sbode@uh.edu
3. Course Information on New/Revised course:
   - Instructional Area / Course Number / Long Course Title:
     NUTR / 4347 / Medical Nutrition Therapy - Metabolic
     NUTR / 4347 / MNT - METABOLIC
   - Instructional Area / Course Number / Short Course Title (30 characters max.)
     NUTR 4347
   - 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 / 4347 / Medical Nutrition Therapy - Metabolic
   - Course ID: 035396  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 liver, gall bladder, respiratory, cancer, and infectious disease states.
10. Dean's Signature: ___________________________  Date: 9/24/10

Print/Type Name: Dr. Sarah Fishman

- Created on 9/22/2010 10:49:00 AM -