

CBM003 ADD/CHANGE FORM

APPROVED NOV 17 2010

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

or

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

RECEIVED OCT 13 2010

1. Department: HRMA College: HRM
2. Faculty Contact Person: Jeremy L. Dafoe Telephone: 713-743-3740 Email: jdafoe@uh.edu
3. Course Information on New/Revised course:
 - Instructional Area / Course Number / Long Course Title:
HRMA / 2315 / Introduction to SPA Management
 - Instructional Area / Course Number / Short Course Title (30 characters max.)
HRMA / 2315 / INTRODUCTION TO SPA MANAGEMENT
 - SCH: 3.00 Level: SO CIP Code: 5209060016 Lect Hrs: 3 Lab Hrs: 0
4. Justification for adding/changing course: Successfully taught as a selected topics 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:
HRMA / 4397 / Selected Topics Hosp. Mgt.
 - Course ID: 27329 Effective Date (currently active row): _____
6. Authorized Degree Program(s): B.S., Hotel & Restaurant Management
 - 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
 _____ / _____ / _____
 • Course ID: _____ Effective Date (currently active row): _____
9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)
Cr: 3. (3-0). Prerequisites: None Description (30 words max.): An overview of the history and understanding of the nature of the spa industry, its history, future and characteristics. To develop a working and hands on knowledge of spa operations.
10. Dean's Signature: _____ Date: 10/7/10
 Print/Type Name: Dr. Carl Boger, Jr.