CBM003 ADD/CHANGE FORM

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

Graduate/Professional Studies Council
☐ New Course ☐ Course Change
Effective Fall __

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 / 2373 / Spanish for the Hospitality Industry
   - Instructional Area / Course Number / Short Course Title (30 characters max.):
     HRMA / 2373 / SPANISH FOR THE HOSP INDUSTRY
   - SCH: 3.00 Level: SO CIP Code: 5209010016' 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.): Introduction to basic Spanish skills to perform more efficiently in the hospitality workplace.

10. Dean’s Signature: ___________________________ Date: 10/2/10
    Print/Type Name: Dr. Carl Boger, Jr.