CBM003 ADD/CHANGE FORM

Undergraduate Council
☐ New Course ☑ Course Change
Core Category: _____ Effective Fall 2010

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

1. Department: Information & Logistics Technology  College: TECH

2. Faculty Contact Person: Michael Gibson  Telephone: 713-743-5116  Email: mlgibson@uh.edu

3. Course Information on New/Revised course:
   - Instructional Area / Course Number / Long Course Title:
     SCLT / 4397 / Selected Topics in Supply Chain and Logistics Technology
   - Instructional Area / Course Number / Short Course Title (30 characters max.)
     SCLT / 4397 / SELECTED TOPICS SUPPLY CHAIN
   - SCH: 3.0  Level: SR  CIP Code: 52.0203.00.16  Lect Hrs: 3  Lab Hrs: 0

4. Justification for adding/changing course: To identify major or minor program (title change)

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): TELSBS, CETEBS, MEETBS, EPETBS, ISTEBS, SCLTBS, CMTBS.

CMTSMBS, BIOTECHBS
   - 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
   LOGT / 4397 / Selected Topics in Logistics Technology
   - Course ID: 30343  Effective Date (currently active row): 2008

9. Proposed Catalog Description: (If there are no prerequisites, type in "none").
   Cr: 3. (3-0). Prerequisites: Approval of department chair. Description (30 words max.): May be
   repeated for credit when topics vary.

10. Dean's Signature: ___________________________ Date: 10/14/10

Print/Type Name: Fred Lewallen, Associate Dean for Academic Affairs