

UC 11033 10F

CBM003 ADD/CHANGE FORM

APPROVED FEB 23 2011

Undergraduate Council  
 New Course  Course Change  
 Core Category: \_\_\_\_\_ Effective Fall 2011

or

**Graduate/Professional Studies Council**  
 New Course  Course Change  
 Effective Fall 2011

1. Department: \_\_\_\_\_ College: ARCH  
 2. Faculty Contact Person: Lannis Kirkland Telephone: 3-2363 Email: lkirkland@uh.edu

3. Course Information on New/Revised course:  
 • Instructional Area / Course Number / Long Course Title:  
ARCH / 4428 / Technology 6  
 • Instructional Area / Course Number / Short Course Title (30 characters max.)  
ARCH / 4428 / TECHNOLOGY 6  
 • SCH: 3.00 Level: JR CIP Code: 0402010006 Lect Hrs: 3 Lab Hrs: 0

RECEIVED OCT 15 2010

4. Justification for adding/changing course: To meet instructional needs of students

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): BARCH; BS Environmental Design

- 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: 4. (4-0). Prerequisites: ARCH 4427 Description (30 words max.): Advanced building science focusing on professional issues.

10. Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print/Type Name: Patricia Belton Oliver