CBM003 ADD/CHANGE FORM

Undergraduate Council or Graduate/Professional Studies Council

[ ] New Course [X] Course Change

Core Category: _______ 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:
     INDS / 4180 / Design Internship
   - Instructional Area / Course Number / Short Course Title (30 characters max.)
     INDS / 4180 / DESIGN INTERNSHIP
   - SCH: 1.00  Level: SR  CIP Code: 5004040003  Lect Hrs: 10  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  [X] No
   If Yes, please complete:
   - Instructional Area / Course Number / Long Course Title:
     _______ / _______ / _______
   - Course ID: _______ Effective Date (currently active row): _______

6. Authorized Degree Program(s): BS Industrial Design
   - Does this course affect major/minor requirements in the College/Department? [ ] Yes  [X] No
   - Does this course affect major/minor requirements in other Colleges/Departments? [ ] Yes  [X] No
   - Can the course be repeated for credit? [ ] Yes  [X] No (if yes, include in course description)

7. Grade Option: Letter (A, B, C...) Instruction Type: practicum  (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
   INDS / 4180 / Design Internship
   - Course ID: 28337  Effective Date (currently active row): 8202007

9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)
   Cr: 1.0  Prerequisites: INDS 3501 and prior written approval from the dean.
   Description (30 words max.): Application of design knowledge and techniques through work experience at design consultancies
   or related companies. Requires employer evaluation.

10. Dean’s Signature: _______ Date: 10-15-10
    Print/Type Name: Patricia Belton Oliver

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