CBM003 ADD/CHANGE FORM

☐ Undergraduate Council
☐ New Course  ☑ Course Change
Core Category: NONE  Effective Fall 2011

or

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

1. Department: COMD  College: CLASS
2. Faculty Contact Person: Martha Dinkelberger  Telephone: 713-743-2923  Email: mdkunk@uh.edu
3. Course Information on New/Revised course:
   • Instructional Area / Course Number / Long Course Title:
     COMD / 3381 / Audiology
   • Instructional Area / Course Number / Short Course Title (30 characters max.):
     COMD / 3381 / AUDIOLOGY
   • SCH: 3.00  Level: IR  CIP Code: 51.0202.00 14  Lect Hrs: 3  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  ☑ No
   If Yes, please complete:
   • Instructional Area / Course Number / Long Course Title:
     ______/______/______
   • Course ID: ______  Effective Date (currently active row): ______
6. Authorized Degree Program(s): BA, BS
   • 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
   COMD / 3381 / Audiology
   • Course ID: 16150  Effective Date (currently active row): 8242009
9. Proposed Catalog Description: (If there are no prerequisites, type in "none").
   Cr: 3. (3–0).  Prerequisites: Approved COMD Major or Approved COMD Minor.  Description (30 words max.): Techniques and instrumentation used for evaluation of hearing. Rationale for audiometric tests practice in testing, and nonmedical interpretation of results.
10. Dean’s Signature: __________________________  Date: 10/2/15
    Print/Type Name: Dr. Sarah Fishman

- Created on 9/14/2010 1:50:00 PM -