CBM003 ADD/CHANGE FORM

☐ Undergraduate Council  or  Graduate/Professional Studies Council
☐ New Course  ☐ Course Change
Core Category:  ______  Effective Fall 2011

1. Department: COMM  College: CLASS

2. Faculty Contact Person: Julie B. Fix  Telephone: 3-3728  Email: jbfirx@central.uh.edu

3. Course Information on New/Revised course:
   - Instructional Area / Course Number / Long Course Title:
     COMM / 3340 / Health Campaigns
   - Instructional Area / Course Number / Short Course Title (30 characters max.)
     COMM / 3340 / HEALTH CAMPAIGNS
   - SCH: 3.00  Level: IR  CIP Code: 09.0905.00.01  Lect Hrs: 3  Lab Hrs: 0

4. Justification for adding/changing course: To more accurately reflect course content/level

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): B.A.
   - 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
   COMM / 3340 / Health Campaign Principles and Tailored Messages
   - Course ID: 45575  Effective Date (currently active row): 8252008

9. Proposed Catalog Description: (If there are no prerequisites, type in "none").
   Cr: 3. (3-0). Prerequisites: COMM 3300 or consent of instructor. Description (30 words max.):
   Selected health campaign exemplars and mass customization of multimedia messages to identified
   segments.

10. Dean’s Signature: ____________________________ Date: 10/4/10

Print/Type Name: Sarah Fishman