CBM003 ADD/CHANGE FORM

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: COMM  College: CLASS

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

3. Course Information on New/Revised course:
   - Instructional Area / Course Number / Long Course Title:
     COMM / 3342 / Health Campaign Evaluation
   - Instructional Area / Course Number / Short Course Title (30 characters max.)
     COMM / 3342 / HEALTH CAMPAIGN EVALUATION
   - SCH: 3.00  Level: IR  CIP Code: 09.0905.00.01  Lect Hrs: 3  Lab Hrs: 0

4. Justification for adding/changing course:
   - To delete course from inventory

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., Communication
   - 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 / 3342 / Health Campaign Evaluation
   - Course ID: 45571  Effective Date (currently active row): 08/25/2008

9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)
   Cr: 3. (3-0). Prerequisites: COMM 3340 and 3341 or consent of instructor. Description (30 words max.): Systematic assessment of health campaigns drawing from formative and evaluative research designs.

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

Print/Type Name: Sarah Fishman

- Created on 10/14/2010 7:17:00 AM -