UC 11943 laF

CBM003 ADD/CHANGE FORM

| CBM003 AI | | DD/CHANGE FORM | | PPROVED APR 2 4 2013 |
|-----------|--|----------------|---------------------------|-----------------------------|
| | Undergraduate Council New Course ⊠ Course Change ore Category: Effective Fall 2013 | or | | ional Studies Council |
| 1. | Department: <u>ILT</u> College: <u>TECH</u> | | | |
| 2. | Faculty Contact Person: Dan Cassler Telephone | : <u>34156</u> | Email: dcassler@ | uh.edu |
| 3. | Instructional Area / Course Number / Long Course Title: SCLT / 4398 / Independent Study Instructional Area / Course Number / Short Course Title (30 characters max.) SCLT / 4398 / INDEPENDENT STUDY | | | |
| | | | | |
| | • SCH: <u>3.00</u> Level: <u>SR</u> CIP Code: <u>52.02</u> | 203.00 | 16 Lect Hrs: 🔮 Lab | Hrs: <u>0</u> |
| 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): Supply Chain and Logistics Technology, 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: <u>Letter (A, B, C)</u> Instruction must match item 3, above.) | оп Тур | e: independent study | (Note: Lect/Lab info. |
| 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 LOGT / 4398 / Independent Study | | | |
| | • Course ID: <u>30344</u> Effective Date (curre | ently ac | tive row): <u>8222011</u> | |
| 9. | Proposed Catalog Description: (If there are no pre Cr: 3. (00), Prerequisites: approval of department for credit when topics vary. Individual projects u | ent chai | r. Description (30 wo | ords max.): May be repeated |
| 10. | 0. Dean's Signature: | | | Date: 10/11/12 |
| | Print/Type Name: Fred Lewallen, Associate Dear | n for A | cademic Affairs | |