UC 12034 12F

_____ Date: 10-10-12-

CBM003 ADD/CHANGE FORM APPROVED DEC 0 5 2012 or Graduate/Professional Studies Council **☑** Undergraduate Council **⋈** New Course ☐ Course Change **☐** New Course **☐** Course Change **Effective Fall 2013** Effective Fall 2013 Core Category: ____ 1. Department: Management College: BUS Email: jdiaz-saiz@uh.edu 2. Faculty Contact Person: Joaquin Diaz-Saiz Telephone: 34713 3. Course Information on New/Revised course: • Instructional Area / Course Number / Long Course Title: RECEDUED OCT 1 1 2012 MANA / 4396 / Management Internship • Instructional Area / Course Number / Short Course Title (30 characters max.) MANA / 4396 / MANAGEMENT INTERNSHIP • SCH: 3.00 Level: JR CIP Code: 5101010016 Lect Hrs: 0 Lab Hrs: 3 4. Justification for adding/changing course: To incorporate new developments in discipline 5. Was the proposed/revised course previously offered as a special topics course? \(\subseteq\) Yes \(\subseteq\) No If Yes, please complete: • Instructional Area / Course Number / Long Course Title: ____/ ____/ _____ • Course ID: Effective Date (currently active row): 6. Authorized Degree Program(s): BBA Yes No • Does this course affect major/minor requirements in the College/Department? Does this course affect major/minor requirements in other Colleges/Departments? ☐ Yes ☒ No Yes No (if yes, include in course description) • Can the course be repeated for credit? Instruction Type: practicum, cooperative education 7. Grade Option: S/U (satisfactory/unsatisfactory) (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 ____/___/____ Course ID: _____ Effective Date (currently active row): _____ 9. Proposed Catalog Description: (If there are no prerequisites, type in "none".) Cr: 3. (3-0). Prerequisites: MANA 3335 and approval of department chair. Description (30 words max.): Enhancement of concepts and techniques learned in the classroom through work experience directly related to the profession. Written report required.

Print/Type Name: <u>Teri Elkins Longacre</u>

10. Dean's Signature