CBM003 ADD/CHANGE FORM

APPROVED JAN 22 2014

	or	
☒ **Undergraduate Committee** ☒ **New Course** ☐ **Course Change** **Core Category:** <u>NONE</u> **Effective Fall 2014**		☐ **Graduate/Professional Studies Committee** ☐ **New Course** ☐ **Course Change** **Effective Fall 2014**

1. Department: <u>CHEE</u>   College: <u>ENGR</u>   RECEIVED OCT 14 2013

2. Faculty Contact Person: <u>W. Epling</u>   Telephone: <u>3-4234</u>   Email: <u>wsepling@uh.edu</u>

3. Course Information on New/Revised course:
    *   Instructional Area / Course Number (*see CBM003 instructions) / Long Course Title:
        <u>CHEE</u> / <u>4197</u> / <u>Selected Topics</u>

    *   Instructional Area / Course Number / Short Course Title (30 characters max.)
        <u>CHEE</u> / <u>4197</u> / <u>SELECTED TOPICS</u>

    *   SCH: <u>1.00</u>   Level: <u>SR</u>   CIP Code: <u>14.0701.00 06</u>   Lect Hrs: <u>1</u>   Lab Hrs: <u>0</u>
    *   Term(s) Course is Offered (*see CBM003 instructions about selection):
        Fall, Spring, Summer

4. Justification for adding/changing course: **To provide for new discipline areas**

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): <u>BSChE</u>
    *   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 Type: <u>lecture ONLY</u>   (Note: Lect/Lab info. must
    match item 3, above. *See CBM003 instructions.)

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: 1. (1-0). Prerequisites: None.   Description (30 words max.): May be repeated for credit when topics
    vary.

10. Dean's Signature: _____   Date: <u>10 Oct 2013</u>

    Print/Type Name: <u>David P. Shattuck</u>

- Created on 10/9/2013 8:30:00 AM -