CBM003 ADD/CHANGE FORM

APPROVED MAR 2 6 2014
M·M.

or	
☒ **Undergraduate Committee** ☒ **New Course** ☐ **Course Change** **Core Category:** __NONE__ **Effective Fall 2014**	☐ **Graduate/Professional Studies Committee** ☐ **New Course** ☐ **Course Change** **Effective Fall 2014**

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1. Department: __ILT__   College: __TECH__

2. Faculty Contact Person: __Jerry Evans__   Telephone: __3-9434__   Email: __jsevans2@Central.UH.EDU__

3. Course Information on New/Revised course:
    - Instructional Area / Course Number (*see CBM003 instructions) / Long Course Title:
      __TECH__ / __3322__ / __Student Mentoring__

    - Instructional Area / Course Number / Short Course Title (30 characters max.)
      __TECH__ / __3322__ / __STUDENT MENTORING__

    - SCH: __3.00__   Level: __JR__   CIP Code: __33.0104.00__   Lect Hrs: __3__   Lab Hrs: __0__
    - Term(s) Course is Offered (*see CBM003 instructions about selection): Fall,Spring

4. Justification for adding/changing course: **To meet instructional needs of students**

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:

      __TECH__ / __4397__ / __Student Mentoring__

    - Course ID: __43637__   Effective Date (currently active row): __08/26/2013__

6. Authorized Degree Program(s): __Technology Leadership and Supervision, 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: __Letter (A, B, C ...)__   Instruction Type: __practicum__   (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: 3. (3-0). Prerequisites: None. Description (30 words max.): Supervised field experience in mentoring middle and high school students.

10. Dean's Signature: _____   Date: __10/8/13__

    Print/Type Name: __Fred Lewallen, Associate Dean for Academic Affairs__

- Created on 10/8/2013 11:14:00 AM -