UC 12606 13F

CBM003 ADD/CHANGE FORM

APPROVED FEB 19				
☑ Undergraduate Council			Graduate	e/Professional Studies Council
☐ New Course ☐ Course Change			☐ New Course ☐ Course Change	
Core Category: Effective Fall 2014			Effective Fall 20	<u>)12</u>
1.	Department: Health and Human Performance	College	CLASS	RECEIVED OCT 15 2013
2.	Faculty Contact Person: <u>Jessica Wheeler</u> Te	lephone: 3-9852 Email: jwheeler5@uh.edu		
3.	 Course Information on New/Revised course: Instructional Area / Course Number / Long Course Title: <u>KIN / 2108 / Weight Training and Aerobic Fitness</u> Instructional Area / Course Number / Short Course Title (30 characters max.) <u>KIN / 2108 / WEIGHT TRAINING & AEROBIC FIT</u> SCH: 1.00 Level: <u>SO</u> CIP Code: 36.0108.0013 Lect Hrs: 1 Lab Hrs: 0 			
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): <u>BA</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> Instrumtch item 3, above.)	uction Typ	e: <u>lecture ONLY</u>	(Note: Lect/Lab info. must
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 <u>KIN / 2108 / Wgt Trng & Aerobic Fit</u>			
• Course ID: <u>28989</u> Effective Date (currently active row): <u>1182011</u>				
9.	Proposed Catalog Description: (If there are no prerequisites, type in "none".) Cr: 1. (1-0). Prerequisites: none Description (30 words max.): Theoretical aspects of techniques and practices for weight training and aerobic fitness.			
10.	Dean's Signature: Print/Type Name: Sarah Fishman			Date: 10/14/13