UC 12453 13F APPROVED APR 2 3 2014

## **CBM003** ADD/CHANGE FORM

☑ Undergraduate Council	or	Graduate/Pro	ofessional Studies	Council
⊠ New Course ☐ Course Change		☐ New Course ☐ Course Change		
Core Category: Effective Fall 201	4	Effective Fall 20	<u>14</u>	
1. Department: <u>Hispanic Studies</u> College:	CLASS		RECEIVED OC	T 15 2013M.N
2. Faculty Contact Person: Dr. Guillermo de	e los Reyes 7	Telephone: <u>33007</u>	Email: jdelosre	yes@uh.edu
<ul> <li>Course Information on New/Revised course</li> <li>Instructional Area / Course Number / Instructional Area / Health and Society in the SPAN / 4343 / Health and Society in the SPAN / 4343 / Health and Society in the SPAN / 4343 / Health and Society in the SPAN / 4343 / Health and Society in the SPAN / 4343 / Health and Society in the SPAN / 4343 / Health and Society in the SPAN / 4343 / Health and Society in the SPAN / 4343 / Health and Society in the SPAN / 4343 / Health and Society in the SPAN / 4343 / Health and Society in the SPAN / 4343 / Health and Society in the SPAN / 4343 / Health and Society in the SPAN / 4343 / Health and Span / 4343</li></ul>	Long Course T			
<ul> <li>Instructional Area / Course Number / S <u>SPAN</u> / <u>4343</u> / <u>HEALTH &amp; SOCIETY</u></li> </ul>		•	max.)	
• SCH: <u>3.00</u> Level: <u>SR</u> CIP Co	de: <u>160905000</u>	01 Lect Hrs: 3 I	ab Hrs: <u>0</u>	
4. Justification for adding/changing course:	To provide fo	or new discipline a	reas	
<ul> <li>5. Was the proposed/revised course previous If Yes, please complete:</li> <li>Instructional Area / Course Number / Image: A course Number</li></ul>	•	·	rse? 🗌 Yes 🔀 🛚	No
Course ID: Effective Date (c	urrently active	e row):		
<ul> <li>6. Authorized Degree Program(s): <u>B.A.</u></li> <li>Does this course affect major/minor re</li> <li>Does this course affect major/minor re</li> <li>Can the course be repeated for credit?</li> </ul>	equirements in equirements in Yes	the College/Depart	partments?  Y	es No cription)
match item 3, above.)	mstruction 1 y	pe. <u>lecture ONL 1</u>	(Note. Lect/Lat	mio. must
<ul> <li>8. If this form involves a change to an exist the course inventory: Instructional Area</li> <li>//</li> <li> /</li> <li>Course ID: Effective Date (course inventory)</li> </ul>	/ Course Num	ber / Long Course	-	from
9. Proposed Catalog Description: (If there a Cr: 3. (3-0). Prerequisites: SPAN 3343 health professions. Cultural values, attitusociety.	Description	(30 words max.): Pr	rofessional training	="
10. Dean's Signature:			Date:_	10/14/12
Print/Type Name: <u>Sarah Fishman</u>				/ //