CBM003 Add/Change Form

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

1. Department: <u>Curriculum & Instruction</u> College: <u>EDUC</u>

2. Faculty Contact Person: <u>Kristen Hassett</u> Telephone: <u>713-743-3786</u> Email: <u>khassett@uh.edu</u>

3. Course Information on New/Revised course:
   - ☐ Instructional Area / Course Number (*see CBM003 instructions) / Long Course Title:
     <u>EPSY</u> / <u>4353</u> / <u>Technology in Special Education</u>

   - ☐ Instructional Area / Course Number / Short Course Title (30 characters max.)
     <u>EPSY</u> / <u>4353</u> / <u>TECHNOLOGY IN SPECIAL EDUC</u>

   - ☐ SCH: <u>3.00</u> Level: <u>SR</u> CIP Code: <u>13.1001.00</u> Lect Hrs: <u>3</u> Lab Hrs: <u>0</u>
   - ☐ Term(s) Course is Offered (*see CBM003 instructions about selection): Summer

4. Justification for adding/changing course: **Successfully taught as a selected topics course**

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:
     <u>EPSY</u> / <u>4397</u> / <u>Assistive Technology</u>

   - ☐ Course ID: _____ Effective Date (currently active row): _____

6. Authorized Degree Program(s): <u>B.S. Teaching & Learning</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: 3. (3-0). Prerequisites: EPSY 3360 Description (30 words max.): Knowledge and skills of professionals working in special education to support students with special needs with classroom technology and assistive technology.

10. Dean's Signature: _____ Date: <u>10/11/13</u>

    Print/Type Name: <u>Melissa Pierson</u>