


CBM003 ADD/CHANGE FORM

<input checked="" type="checkbox"/> Undergraduate Council
<input type="checkbox"/> New Course <input checked="" type="checkbox"/> Course Change
Core Category: <u>NDUS</u> Effective Fall <u>2008</u>

or

<input type="checkbox"/> Graduate/Professional Studies Council
<input type="checkbox"/> New Course <input type="checkbox"/> Course Change
Effective Fall <u> </u>

1. Department: HRMA College: HRM
2. Person Submitting Form: Nancy Graves Telephone: 32426
3. Course Information on New/Revised course:
 - Instructional Area / Course Number / Long Course Title:
HRMA / 2220 / Food and Beverage Service
 - Instructional Area / Course Number / Short Course Title (30 characters max.)
HRMA / 2220 / FOOD AND BEVERAGE SERVICE
 - SCH: 2.00 Level: SO CIP Code: 5209050016 Lect Hrs: 1 Lab Hrs: 3
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:
 / /
 - Content ID: Start Date (yyyy3):
6. Authorized Degree Program(s): BS HRM
 - 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
 - Are special fees attached to this course? Yes No
 - Can the course be repeated for credit? Yes No
7. Grade Option: Letter (A, B, C ...) Instruction Type: lecture laboratory (Note: Lect/Lab info. must match item 3, above.)
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
HRMA / 1220 / Food and Beverage Service
 - Start Date (yyyy3): 20033 Content I.D.: 291888
9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)
Cr: 2. (1-3). Prerequisites: HRMA 1422. Description (30 words max.): Service styles, practices, and procedures in food service operations, including laboratory experiences.
10. Dean's Signature:  Date: 10-10-07
Print/Type Name: Carl Böger

RECEIVED OCT 11 2007

APPROVED FEB 20 2008