


CBM003 ADD/CHANGE FORM

<input checked="" type="checkbox"/> Undergraduate Council
<input type="checkbox"/> New Course <input checked="" type="checkbox"/> Course Change
Core Category: <u>None</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 / 3327 / Restaurant Layout and Design
 - Instructional Area / Course Number / Short Course Title (30 characters max.)
HRMA / 3327 / RESTAURANT LAYOUT AND DESIGN
 - SCH: 3.00 Level: JR CIP Code: 5209050016 Lect Hrs: 1 Lab Hrs: 3
4. Justification for adding/changing course: To reflect change in prerequisite 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:
 / /
 - Content ID: Start Date (yyyy3):
6. Authorized Degree Program(s): BS WLM
- 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 ONLY (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 / 3327 / Restaurant Layout and Design
- Start Date (yyyy3): 20003 Content I.D.: 282221
9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)
Cr: 3. (3-0). Prerequisites: HRMA 2220, 2335 or consent of instructor • Description (30 words max.):
Location and arrangement of equipment for efficient utilization of space and development of work flow patterns to meet operational requirements. Work optimization, human interactions, and styles of service and room configurations for the front of the house.
10. Dean's Signature:  Date: 10-10-07
- Print/Type Name: Carl Boger

RECEIVED OCT 11 2007

APPROVED FEB 20 2008