UC 10095 08F

CBM003 ADD/CHANGE FORM

 ☑ Undergraduate Council ☐ New Course ☑ Course Change Core Category: NONE Effective Fall 2009 	or Graduate/Professional Studies Council New Course Course Change Effective Fall
1. Department: <u>COMD</u> College: <u>CLASS</u>	RECEIVED OCT 2 1 2008
2. Person Submitting Form: Sandra Gold-Singleton	
 Course Information on New/Revised course: Instructional Area / Course Number / Long of COMD / 4390 / Clinical Procedures II 	Course Title:
 Instructional Area / Course Number / Short of COMD / 4390 / CLINICAL PROCEDURES 	SII
• SCH: <u>3.00</u> Level: <u>SR</u> CIP Code: <u>51.0201</u>	00 14 Lect Hrs: <u>3-6</u> Lab Hrs: <u>0-6</u>
4. Justification for adding/changing course: <u>To de</u>	lete course from inventory
 5. Was the proposed/revised course previously off If Yes, please complete: Instructional Area / Course Number / Long O//	
•	nents in the College/Department?
7. Grade Option: <u>Letter (A, B, C)</u> Instruct match item 3, above.)	tion Type: <u>lecture ONLY</u> (Note: Lect/Lab info. must
8. If this form involves a change to an existing courthe course inventory: Instructional Area / Course COMD / 4390 / Clinical Procedures II	e Number / Long Course Title
• Start Date (yyyy3): 8/25768 Content I.D.: 1	<u>6183</u>
	4489, approved degree plan, and 3.0 GPA in major or x.): Advanced conceptual models and application
0. Dean's Signature:	Date: 10/21/08
Print/Type Name: <u>Dr. Sarah Fishman</u>	1 1