

CBM003 ADD/CHANGE FORM

Undergraduate Council  
 New Course  Course Change  
Core Category: NONE Effective Fall 2008

or  Graduate/Professional Studies Council  
 New Course  Course Change  
Effective Fall     

1. Department: Sociology College: CLASS

RECEIVED OCT 24 2008

2. Person Submitting Form: Dr. Jon Lorence Telephone: 3-3959

3. Course Information on New/Revised course:

• Instructional Area / Course Number / Long Course Title:  
SOC / 3399 / Senior Honors Thesis

• Instructional Area / Course Number / Short Course Title (30 characters max.)  
SOC / 3399 / SENIOR HONORS THESIS

• SCH: 3.00 Level: JR CIP Code: 4511010001 Lect Hrs: 0.0 Lab Hrs: 0.0

4. Justification for adding/changing course: To reinstate course to inventory

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:  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

• Course ID: \_\_\_\_\_ Effective Date (M/D/YY) : \_\_\_\_\_

6. Authorized Degree Program(s): B.A., B.S. Sociology

• 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: independent study (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

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

• Effective Date (M/D/YY) : \_\_\_\_\_ Course I.D.: \_\_\_\_\_

9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)

Cr: 3. (3-0). Prerequisites: 3.25 cumulative GPA and a 3.50 in sociology courses in residence.

Description (30 words max.): Completion of SOC 1300, SOC 3300, SOC 3400, SOC 3401, and approval of undergraduate advisor or chair. Must complete SOC 4399 for Honors credit.

10. Dean's Signature: \_\_\_\_\_ Date: 10/29/08

Print/Type Name: Dr. Sarah Fishman