UC 9940 08F

CBM003 ADD/CHANGE FORM

F7				
☑ Undergraduate Council		or	Graduate/Professional Studies Council	
☐ New Course ☐ Course Change			☐ New Course ☐ Course Change	
Core Category: <u>Naue</u> Effective Fall 2009			Effective Fall	
1.	Department: MIS College: BUS		RECEIVED OCT 2 3 2008	
2.	2. Faculty Contact Person: <u>Richard Scamell</u> Telephone: <u>3-4733</u> Email: <u>rscamell@uh.edu</u>			
3.	 Course Information on New/Revised course: Instructional Area / Course Number / Long Course Title: MIS / 4374 / IP Project Management Instructional Area / Course Number / Short Course Title (30 characters max.) MIS / 4374 / IT PROJECT MANAGEMENT 			
	• SCH: <u>3.00</u> Level: <u>SR</u> CIP Code: <u>52.1201.00 16</u> Lect Hrs: <u>3</u> Lab Hrs: <u>0</u>			
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://////			
	Course ID: Effective Date (current)	y active r	ow):	
	Authorized Degree Program(s): BBA • 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)			
	Grade Option: <u>Letter (A, B, C)</u> Instruct match item 3, above.)	ion Type	e: lecture ONLY (Note: Lect/Lab info. must	
	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 MIS / 4374 / IT Project Management			
,	• Course ID: <u>045362</u> Effective Date (current)	y active r	ow): <u>808</u>	
(Proposed Catalog Description: (If there are no prerequisites, type in "none".) Cr. 3. (3-0). Prerequisites: MIS 3360 a Description (30 words max.): Introduction to the management of information technology projects.			
10.]	Dean's Signature:		Date: 10/21/20	
]	Print/Type Name: <u>Latha Ramchand, Associate D</u>	<u>ean</u>		