

## CBM003 ADD/CHANGE FORM

<input checked="" type="checkbox"/> Undergraduate Council
<input checked="" type="checkbox"/> New Course <input type="checkbox"/> Course Change
Core Category: <u>NSLS</u> Effective Fall <u>2009</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: Health and Human Performance College: EDUC
2. Person Submitting Form: Norma Olvera Telephone: 713-743-9848

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3. Course Information on New/Revised course:
- Instructional Area / Course Number / Long Course Title:  
KIN / 4330 / CHILD AND ADOLESCENT OBESITY
  - Instructional Area / Course Number / Short Course Title (30 characters max.)  
KIN / 4330 / CHILD & ADOLES OBESITY
  - SCH: 3.00 Level: SR CIP Code: 31.0501 Lect Hrs: 3 Lab Hrs: 0

4. Justification for adding/changing course: To incorporate new developments in discipline
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): Kinesiology BS
- 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
- /      /

- Start Date (yyyy3):      Content I.D.:

9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)
- Cr: 3 (3) Prerequisites: KIN 3301 and HLT 3381 . Description (30 words max.): Provides an overview of the assessment, determinants, prevention, and treatment of child and adolescent obesity.

10. Dean's Signature:  Date: 10/21/08

Print/Type Name: Robert Wimpelberg