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UC 10332 09F

CBM003 ADD/CHANGE FORM

APPROVED OCT 2 1 2009

Undergraduate Council
 New Course Course Change
 Core Category: _____ Effective Fall 2010

or

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

1. Department: MARK College: BUS

2. Faculty Contact Person: Teri Longacre Telephone: 34669 Email: elkins@uh.edu

RECEIVED SEP 2 5 2009

3. Course Information on New/Revised course:

• Instructional Area / Course Number / Long Course Title:

ENTR / 4350 / Entrepreneurial Strategy

• Instructional Area / Course Number / Short Course Title (30 characters max.)

ENTR / 4350 / ENTREPRENEURIAL STRATEGY

• SCH: 3.00 Level: SR CIP Code: 52.1801.00 16 Lect Hrs: 3 Lab Hrs: 0

4. Justification for adding/changing course: To more accurately reflect course content/level

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:

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• Course ID: 0 Effective Date (currently active row): _____

6. 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)

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

ENTR / 4350 / Entrepreneurial Business Plan

• Course ID: 22126 Effective Date (currently active row): 08/03

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

Cr: 3. (3-0). Prerequisites: ENTR 3310 and approval of entrepreneur coordinator. Description (30 words max.): Strategy and tactics in developing ideas and allocating resources for entrepreneurs.

10. Dean's Signature: _____

[Signature]

Date: 09/22/09

Print/Type Name: Latha Ramchand, Associate Dean