

UC 10334 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: MANA 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:
MANA / 4341 / Leading Organizational Change
 • Instructional Area / Course Number / Short Course Title (30 characters max.)
MANA / 4341 / LEADING ORGANIZATIONAL CHANGE
 • SCH: 3.00 Level: SR CIP Code: 52.0201.00 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:
//_
 • 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

MANA / 4341 / Intro To Organizational Change

• Course ID: 30700 Effective Date (currently active row): 604

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

Cr: 3. (3-0). Prerequisites: MANA 3335 and junior standing. Description (30 words max.): Processes of planned organizational change at the individual level with emphasis on design, intervention methods, and evaluation of change programs.

10. Dean's Signature: _____

Date: 9/22/09

Print/Type Name: Latha Ramchand, Associate Dean