

UC 1062409F

CBM003 ADD/CHANGE FORM

APPROVED NOV 18 2009

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

or

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

RECEIVED OCT 16 2009

1. Department: Health and Human Performance College: EDUC
2. Faculty Contact Person: Dr. Joel Bloom Telephone: 39847 Email: jbloom@uh.edu
3. Course Information on New/Revised course:
 - Instructional Area / Course Number / Long Course Title:
KIN / 3301 / Design and Evaluation of Physical Activity Programs
 - Instructional Area / Course Number / Short Course Title (30 characters max.)
KIN / 3301 / DESIGN/EVAL PHYS ACTIVITY PROG
 - SCH: 3.00 Level: JR CIP Code: 13.1314.00 04 Lect Hrs: 3 Lab Hrs: 0
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 (currently active row): _____
6. Authorized Degree Program(s): B.S. Kinesiology: Wellness/Fitness
 - 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
KIN / 3301 / Design and Evaluation of Physical Activity Programs
 - Course ID: 29001 Effective Date (currently active row): 8252007
9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)
 Cr: 3. (3-0). Prerequisites: Credit for or concurrent enrollment in KIN 1252. Description (30 words max.): Design and Evaluation of physical education and activity programs.
10. Dean's Signature: [Signature] Date: 10/15/09
 Print/Type Name: Dr. Robert Wimpelberg