

UC 10974 10F

CBM003 ADD/CHANGE FORM

APPROVED NOV 17 2010

Undergraduate Council
 New Course Course Change
Core Category: _____ Effective Fall 2011

or

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

1. Department: HRMA College: HRM
2. Faculty Contact Person: Jeremy L. Dafoe Telephone: 713-743-3740 Email: jdafoe@uh.edu

3. Course Information on New/Revised course:
• Instructional Area / Course Number / Long Course Title:
HRMA / 3362 / ~~Mgt~~ ^{Management} Training Work Experience I
• Instructional Area / Course Number / Short Course Title (30 characters max.)
HRMA / 3362 / MGT TRAINING WORK EXPERIENCE I
• SCH: 3.00 Level: JR CIP Code: 5219040016 Lect Hrs: 3 Lab Hrs: 0

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4. Justification for adding/changing course: **To reflect appropriate grade option**

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., Hotel & Restaurant Management

- 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: S/U (satisfactory/unsatisfactory) Instruction Type: practicum (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
HRMA / 3362 / Mgt Training Work Experience I

• Course ID: 27218 Effective Date (currently active row): 803

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

Cr: 3. (3-0). Prerequisites: Sophomore standing and consent of instructor. Description (30 words max.):

Analysis of a hospitality establishment from a managerial perspective while student is employed at the ~~the~~ that establishment.

10. Dean's Signature: [Signature] Date: 10/21/10

Print/Type Name: Dr. Carl Boger, Jr.