

CBM003 ADD/CHANGE FORM

Undergraduate Council  
 New Course  Course Change  
 Core Category: \_\_\_\_\_ Effective Fall 2011

or

Graduate/Professional Studies Council  
 New Course  Course Change  
 Effective Fall \_\_

APPROVED DEC 08 2010

1. Department: Information & Logistics Technology College: TECH  
 2. Faculty Contact Person: Michael Gibson Telephone: 713-743-5116 Email: mlgibson@uh.edu

3. Course Information on New/Revised course:  
 • Instructional Area / Course Number / Long Course Title:  
SCLT / 4396 / Internship in Supply Chain & Logistics Technology  
 • Instructional Area / Course Number / Short Course Title (30 characters max.)  
SCLT / 4396 / INTERNSHIP IN SUPPLY CHAIN  
 • SCH: 3.0 Level: SR CIP Code: 52.1801.00 16 Lect Hrs: 3 Lab Hrs: 0

RECEIVED OCT 15 2010

4. Justification for adding/changing course: To identify major or minor program (title change)

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): TELSBS, CETEBS, MEETBS, EPETBS, ISTEBS, SCLTBS, CMTBS, CMTSMBS, BIOTECHBS

- 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  
LOGT / 4396 / Internship in Logistics Technology

• Course ID: 30342 Effective Date (currently active row): 2004

9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)  
 Cr: 3. (3-0). Prerequisites: 4 / Consent of instructor, department Description (30 words max.): Internship under faculty supervision.

10. Dean's Signature: \_\_\_\_\_ Date: 10/14/10

Print/Type Name: Fred Lewallen, Associate Dean for Academic Affairs