

UC 11541 11F

CBM003 ADD/CHANGE FORM

APPROVED DEC 07 2011

Undergraduate Council  
 New Course  Course Change  
 Core Category: NONE Effective Fall 2012

or Graduate/Professional Studies Council  
 New Course  Course Change  
 Effective Fall 2012

1. Department: CCS College: CLASS  
 2. Faculty Contact Person: Thomas Behr Telephone: 713-743-4943 Email: tbehr@uh.edu

3. Course Information on New/Revised course:
- Instructional Area / Course Number / Long Course Title:  
CCS / ~~4393~~ 4394 Selected Topics in Comparative Cultural Studies
  - Instructional Area / Course Number / Short Course Title (30 characters max.)  
CCS / ~~4393~~ 4394 SEL TOPS CCS
  - SCH: 3.00 Level: SR CIP Code: 05.9999.01.01 Lect Hrs: 3 Lab Hrs: 0

RECEIVED OCT 14 2011

4. Justification for adding/changing course: **To provide for new discipline areas**
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): \_\_\_\_\_
- 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  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- Course ID: \_\_\_\_\_ Effective Date (currently active row): \_\_\_\_\_

9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)  
 Cr: 3. (3-0). Prerequisites: Approval of department chair Description (30 words max.): Can be repeated for credit if topic is different.

10. Dean's Signature: \_\_\_\_\_ Date: 10/13/11  
 Print/Type Name: Dr. Sarah Fishman