UC 11548 11F

CBM003 ADD/CHANGE FORM

Co	Undergraduate Council New Course Course Change ore Category: Soc Behy Sci Effective Fall	or	Graduate/Professional Studies Council New Course Course Change Effective Fall 2012
1. Department: <u>COMD</u> College: <u>CLASS</u>			
2.	Faculty Contact Person: <u>Laura Cizek</u> Telepho	one: 713-	743-2683 Email: lcizek@uh.edu
3.	Course Information on New/Revised course: Instructional Area / Course Number / Long Course Title: COMD / 5333 / Neuroscience for Communication Disorders RECEVED OCT 14 201		
	 Instructional Area / Course Number / Short Course Title (30 characters max.) COMD / 5333 / NEUROSCIENCE FOR COMD 		
	• SCH: <u>3.00</u> Level: <u>SR</u> CIP Code: <u>51.020</u>		Lect Hrs: 3 Lab Hrs: 0
4.	Justification for adding/changing course: To m	ore accu	rately reflect course content/level
5.	Was the proposed/revised course previously of If Yes, please complete: Instructional Area / Course Number / Long		
	Course ID: Effective Date (current)	ly active	row):
6.	Authorized Degree Program(s): COMD Post B Does this course affect major/minor requirement Does this course affect major/minor requirement Can the course be repeated for credit?	nts in the ments in	College/Department? ☐ Yes ☐ No other Colleges/Departments? ☐ Yes ☐ No
7.	Grade Option: <u>Letter (A, B, C)</u> Instruction match item 3, above.)	ction Typ	e: lecture ONLY (Note: Lect/Lab info. must
8.	If this form involves a change to an existing co the course inventory: Instructional Area / Cour//		
	Course ID: Effective Date (current)	y active	·ow):
9.	Proposed Catalog Description: (If there are no Cr: 3. (3-0). Prerequisites: Must be admitted to Foundations of neuroanatomy and neurophysic swallowing.	o COMD	PB Program Description (30 words max.):
10.	Dean's Signature:		Date: 10/11/11
	Print/Type Name: Sarah Fishman		r 1