UC 11554 11F

CBM003 ADD/CHANGE FORM

☐ Undergraduate Council or Graduate/Professional Studies Council			
New Course ☐ Course Change			☐ New Course ☐ Course Change
Core Category: Soc Behv Soi Effective Fall Effective Fall 2012			
<u>20</u>	12		
1.	Department: <u>COMD</u> College: <u>CLASS</u>		
2.	Faculty Contact Person: <u>Laura Cizek</u> Telepho	one: <u>713-</u>	Email: lcizek@uh.edu
3.	Course Information on New/Revised course: • Instructional Area / Course Number / Long Course Title: COMD / 5382 / Aural Rehabilitation RECEIVED OCT 14 2011		
	 Instructional Area / Course Number / Short Course Title (30 characters max.) COMD / 5382 / AURAL REHABILITATION 		
	• SCH: <u>3.00</u> Level: <u>SR</u> CIP Code: <u>51.020</u>	4.00 14	Lect Hrs: <u>3</u> Lab Hrs: <u>0</u>
4.	Justification for adding/changing course: To more accurately reflect course content/level		
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 T	itle:
	/		
	Course ID: Effective Date (current)	tly active	row):
6.	Authorized Degree Program(s): COMD Post B	accalaure	ate (PB)
•	100	ments in	College/Department? ☐ Yes ☒ No other Colleges/Departments? ☐ Yes ☒ No ☒ No (if yes, include in course description)
7.	Grade Option: <u>Letter (A, B, C)</u> Instruction item 3, above.)	ction Typ	e: <u>lecture ONLY</u> (Note: Lect/Lab info. must
8.	If this form involves a change to an existing co the course inventory: Instructional Area / Cour //		0 - 0
	Course ID: Effective Date (current)	ly active r	row):
9.	Proposed Catalog Description: (If there are no		
	Cr: 3. (3-0). Prerequisites: Must be admitted to COMD PB Program Description (30 words max.):		
	Principles, methodology, and procedures used with children and adults living with hearing impairment.		
	Includes amplification devices, communication skills training, educational programming, and current issues.		
10.	Dean's Signature:		Date: 10/11/4
	Print/Type Name: Sarah Fishman		- 5