CBM003 ADD/CHANGE FORM UC 11616 11F

☐ Undergraduate Council		or	Graduate/Professional Studies Council,			
	New Course Change		,	irse 🔲 Course		111
Co	ore Category: Effective Fall 2012		Effective Fa	ll <u>2012</u>	Change Howard	4149
1.	Department: Health and Human Performance	College:	CLASS	APP	ROYED FEB	2 2 2012
2.	Faculty Contact Person: Lisa Alastuey Teleph	hone: <u>713</u>	<u> 17430456</u>	Email: <u>lalastuey</u>	<u>@uh.edu</u>	
3.	Course Information on New/Revised course: • Instructional Area / Course Number / Long KIN / 4330 / Child and Adolescent Obesity	Course T	itle:	R	ECEWED (ICT 14 2011
	 Instructional Area / Course Number / Short Course Title (30 characters max.) KIN / 4330 / CHILD AND ADOLESCENT OBESITY 					
	• SCH: <u>3.00</u> Level: <u>SR</u> CIP Code: <u>31.0599</u> Lect Hrs: <u>3</u> Lab Hrs: <u>0</u>					
4.	Justification for adding/changing course: To m	ore accu	rately reflect	course content/	<u>level</u>	
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 (current)	tly active	row):			
6.	Authorized Degree Program(s): <u>BS KIN: Fitne</u> Does this course affect major/minor requirement • Does this course affect major/minor require • Can the course be repeated for credit?	nts in the ments in	College/Depa other Colleges	s/Departments?	☐ Yes ⊠	
7.	Grade Option: <u>Letter (A, B, C)</u> Instruction match item 3, above.)	ction Typ	e: <u>lecture ON</u>	<u>LY</u> (Note: Le	ect/Lab info. 1	nust
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 KIN / 4330 / Child and Adolescent Obesity					
	• Course ID: 46205 Effective Date (currently active row): 01/18/2011					
	Proposed Catalog Description: (If there are no Cr. 3. (3-0). Prerequisites: KIN 1352 or instruthe assessment, determinants, prevention, and the control of t	ctor appr reatment	oval. Description of child and a	ption (30 words radolescent obesit	y.	
10.	Dean's Signature: Print/Type Name: Sarah Fishman			I	Date: / <i>🎕</i>	3/11
	Print/Type Name: Sarah Fishman				` [/ "