CBM003 ADD/CHANGE FORM UC 11618 11F

☐ Undergraduate Council	or	Graduate/Professional Studies Council
☐ New Course ☐ Course Change		□ New Course □ Course Change
Core Category: Effective Fall 2012		Effective Fell 2012
Department: <u>Health and Human Performance</u>	_ College	CLASS APPROVED FEB 2 2 2012
2. Faculty Contact Person: <u>Dr. Rey Trevino</u> Te	lephone:	3-8690 Email: ratrevino@uh.edu
 Course Information on New/Revised course: Instructional Area / Course Number / Long <u>KIN</u> / 4345 / Sports, Health and Fitness Pro 		DIANEMIED OCT 1 / OCA
 Instructional Area / Course Number / Short <u>KIN</u> / <u>4345</u> / <u>SP/HLT/FIT PROGRAM FIN</u> 		por to a time the state of the contract of th
• SCH: <u>3.00</u> Level: <u>SR</u> CIP Code: <u>31.0504</u> Lect Hrs: <u>3</u> Lab Hrs: <u>0</u>		
4. Justification for adding/changing course: To reflect change in prerequisite course		
5. Was the proposed/revised course previously o	ffered as	a special topics course? Yes No
If Yes, please complete:		
 Instructional Area / Course Number / Long Course Title: 		
//		
Course ID: Effective Date (current)	ıtly active	row):
 Authorized Degree Program(s): <u>BS KIN: Sport</u> Does this course affect major/minor require Does this course affect major/minor require 	ements in	the College/Department?
• Can the course be repeated for credit?		No (if yes, include in course description)
7. Grade Option: Letter (A, B, C) Instrumatch item 3, above.)		pe: lecture ONLY (Note: Lect/Lab info. must
8. If this form involves a change to an existing co	ourse, ple	ase obtain the following information from
the course inventory: Instructional Area / Course Number / Long Course Title		
KIN / 4345 / Sports, Health and Fitness Progra	am Financ	ing
• Course ID: <u>29029</u> Effective Date (current	tly active	row): <u>1/18/2011</u>
9. Proposed Catalog Description: (If there are no	prerequis	ites, type in "none".)
Cr: 3. (3-0). Prerequisites: Junior Standing, A	ACCT 233	1, ECON 2304, and KIN 3360. Description (30
words max.): Funding strategies, techniques, b	oudget de	velopment, and facility financing in sports, health,
and fitness programs.		
10. Dean's Signature:		Date: 1 xt ali
Print/Type Name: Sarah Fishman		Date: / 8/3/1/