

UC 11619 11F

CBM003 ADD/CHANGE FORM

APPROVED FEB 22 2012

Undergraduate Council  
 New Course  Course Change  
 Core Category: \_\_\_\_\_ Effective Fall 2012

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

1. Department: Health and Human Performance College: CLASS  
 2. Faculty Contact Person: Jessica Wheeler Telephone: 39852 Email: jwheeler5@uh.edu

3. Course Information on New/Revised course:  
 • Instructional Area / Course Number / Long Course Title:  
PEB / 1105 / Zumba  
 • Instructional Area / Course Number / Short Course Title (30 characters max.)  
PEB / 1105 / ZUMBA  
 • SCH: 1.00 Level: FR CIP Code: 36.0108.00 13 Lect Hrs: 0 Lab Hrs: 3

RECEIVED OCT 18 2011

4. Justification for adding/changing course: Successfully taught as a selected topics course

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:  
KIN / 4197 / Selected Topics-PE  
 • Course ID: 29015 Effective Date (currently active row): 1182011

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: MU (multiple types) Instruction Type: laboratory 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: 1. (0-3). Prerequisites: \_\_\_\_\_ Description (30 words max.): Course offers hands on instruction for a Latin-inspired dance fitness program.

10. Dean's Signature: \_\_\_\_\_ Date: 10/19/11

Print/Type Name: Dr. Sarah Fishman