

UC 11622 11F

CBM003 ADD/CHANGE FORM

Undergraduate Council
 New Course Course Change
 Core Category: _____ Effective Fall 2012

or

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

APPROVED FEB 22 2012

1. Department: Health and Human Performance College: CLASS
2. Faculty Contact Person: Dr. Sharon Bode Telephone: 3-4112 Email: sbode@uh.edu
3. Course Information on New/Revised course:
 - Instructional Area / Course Number / Long Course Title:
NUTR / 4333 / Medical Nutritional Therapy - Cardiovascular
 - Instructional Area / Course Number / Short Course Title (30 characters max.)
NUTR / 4333 / MED NUTR THERAPY - CARDIO
 - SCH: 3.00 Level: SR CIP Code: 51.3101.00 14 Lect Hrs: 3 Lab Hrs: 0

RECEIVED OCT 14 2011

4. Justification for adding/changing course: To reflect change in prerequisite 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:
____ / ____ / _____
 - Course ID: _____ Effective Date (currently active row): _____

6. Authorized Degree Program(s): BS in Human Nutrition and Foods
 - 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: Letter (A, B, C ...) Instruction Type: lecture 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
NUTR / 4333 / Medical Nutritional Therapy - Cardiovascular
 - Course ID: 35385 Effective Date (currently active row): 1/18/2011

9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)
 Cr: 3. (3-0). Prerequisites: junior standing and NUTR 3336 and 4312. Description (30 words max.):
Medical nutrition therapy in the management of cardiovascular and renal diseases, diabetes, obesity, and digestive disorders.

10. Dean's Signature: _____ Date: 10/19/11

Print/Type Name: Sarah Fishman