CBM003 ADD/CHANGE FORM UC 11623 11F

|     | Undergraduate Council  New Course ⊠ Course Change  re Category: Effective Fall 2012   | or         | Graduate/Professional Studies Council  ☐ New Course ☐ Course Change  Effective Fall 2012 |     |  |
|-----|---|------------|--|-----|--|
| 1.  | Department: <u>Health and Human Performance</u> College: <u>CLASS</u>   |            |  |     |  |
| 2.  | Faculty Contact Person: <u>Dr. Sharon Bode</u> Telephone: <u>3-4112</u> Email: <u>sbode@uh.edu</u> FEB <b>2 2 2012</b>  |            |  |     |  |
| 3.  | <ul> <li>Course Information on New/Revised course:</li> <li>Instructional Area / Course Number / Long<br/><u>NUTR</u> / <u>4347</u> / <u>Medical Nutritional Therapy</u></li> </ul>   | Title:     |  |     |  |
|     | • Instructional Area / Course Number / Short Course Title (30 characters max.)  NUTR / 4347 / MED NUTR THERAPY - METABOLIC  |            |  |     |  |
|     | • SCH: <u>3.00</u> Level: <u>SR</u> CIP Code: <u>51.310</u>   | 1.00 14    | 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 offered as a special topics course? ☐ Yes ☒ No If Yes, please complete:  • Instructional Area / Course Number / Long Course Title:  —//  |            |  |     |  |
|     | • Course ID: Effective Date (current  | ly active  | row):  |     |  |
| 6.  | <ul> <li>Authorized Degree Program(s): BS in Human Nutrition and Foods</li> <li>Does this course affect major/minor requirements in the College/Department?  ☐ Yes ☐ No</li> <li>Does this course affect major/minor requirements in other Colleges/Departments? ☐ Yes ☐ No</li> <li>Can the course be repeated for credit? ☐ Yes ☐ No (if yes, include in course description)</li> </ul> |            |  |     |  |
| 7.  | Grade Option: <u>Letter (A, B, C)</u> Instruction Type: <u>lecture ONLY</u> (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 / 4347 / Medical Nutritonal Therapy - Metabolic   |            |  |     |  |
|     | • Course ID: <u>35396</u> Effective Date (current)  | y active i | row): <u>1/18/2011</u>   |     |  |
| 9.  | Proposed Catalog Description: (If there are no Cr. 3. (3-0). Prerequisites: junior standing and Theories, behavior change models, current kno   | NUTR 2     | 2332 and 3336. Description (30 words max.):  |     |  |
|     | nutrition counseling.   |            | 1, -1  |     |  |
| 10. | Dean's Signature:   |            | Date: 10[13[1]   |     |  |
|     | Print/Type Name: Sarah Fishmun  | 1.0        | t of liver.  |     |  |
| >   | medical nutrition therapy i   | n the      | management of liver, r. and infectious disease state                                     | . ک |  |