CBM003 ADD/CHANGE FORM

UC 11703 11F

☑ Undergraduate Council	or	Graduate/Professional Studies Council
New Course ☐ Course Change		☐ New Course ☐ Course Change
Core Category: NONE Effective Fall 2012	<u>!</u>	Effective Fall 2012
1. Department: Women's, Gender & Sexuality	Studies C	College: CLASS APPROVED FEB 2.2 20
2. Faculty Contact Person: Elizabeth Gregory	Telephone	e: 3-3214 Email: wost@uh.edu
 Course Information on New/Revised course Instructional Area / Course Number / Lower / Most / 3398 / Independent Study 		Title: REGEAXED OCT 14 2
 Instructional Area / Course Number / Sh WOST / 3398 / INDEPENDENT STUD 		(// //
• SCH: <u>3.00</u> Level: <u>JR</u> CIP Code: <u>05.0</u>	0207.00 01	Lect Hrs: <u>0</u> Lab Hrs: <u>0</u>
4. Justification for adding/changing course: <u>T</u>	o meet instr	ructional needs of students
5. Was the proposed/revised course previously	y offered as a	a special topics course? Yes No
If Yes, please complete:	5	
• Instructional Area / Course Number / Lo	ong Course T	Γitle:
//		
Course ID: Effective Date (cur	rently active	e row):
6. Authorized Degree Program(s):		
 Does this course affect major/minor requ 	uirements in	the College/Department?
• Does this course affect major/minor requ	uirements in	other Colleges/Departments? Yes No
• Can the course be repeated for credit?	X Yes	☐ No (if yes, include in course description)
7. Grade Option: <u>Letter (A, B, C)</u> Instruction must match item 3, above.)	struction Typ	pe: <u>independent study</u> (Note: Lect/Lab info.
8. If this form involves a change to an existing	g course, plea	ease obtain the following information from
the course inventory: Instructional Area / C		S
/		
Course ID: Effective Date (curr	ently active	row):
9. Proposed Catalog Description: (If there are	no prerequis	sites type in "none")
		cription (30 words max.): May be repeated for
10. Dean's Signature:	X I	Date: 10/13/11
Print/Type Name: Sarah Fishman		ι /"