

CBM003 ADD/CHANGE FORM

UC 11705 11F

Undergraduate Council  
 New Course  Course Change  
 Core Category: NONE Effective Fall 2012

or

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

1. Department: Women's, Gender & Sexuality Studies College: CLASS

APPROVED FEB 22 2012  
*[Signature]*

2. Faculty Contact Person: Elizabeth Gregory Telephone: 3-3214 Email: wost@uh.edu

3. Course Information on New/Revised course:

- Instructional Area / Course Number / Long Course Title:  
WOST / 4398 / Independent Study
- Instructional Area / Course Number / Short Course Title (30 characters max.)  
WOST / 4398 / INDEPENDENT STUDY
- SCH: 3.00 Level: SR CIP Code: 05.0207.00 01 Lect Hrs: 0 Lab Hrs: 0

RECEIVED OCT 14 2011  
*[Signature]*

4. Justification for adding/changing course: To meet instructional needs of students

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): BA, Women's Studies minor

- 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: independent study (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: ~~3. (4398)~~ Prerequisites: consent of director. Description (30 words max.): May be repeated for credit up to two times.

10. Dean's Signature: \_\_\_\_\_ Date: 10/13/11

Print/Type Name: Sarah Fishman

ORIGINAL