

UC 12485 13F

CBM003 ADD/CHANGE FORM

APPROVED JAN 22 2014

M.M.

Undergraduate Committee  
 New Course  Course Change  
Core Category: NONE Effective Fall 2014

or  Graduate/Professional Studies Committee  
 New Course  Course Change  
Effective Fall 2014

1. Department: HRMA College: HRM

RECEIVED OCT 15 2013

2. Faculty Contact Person: NANCY GRAVES Telephone: 713-743-2426 Email: ngraves@uh.edu

M.M.

3. Course Information on New/Revised course:

- Instructional Area / Course Number (\*see CBM003 instructions) / Long Course Title:  
HRMA / 1335 / FACILITIES MANAGEMENT
- Instructional Area / Course Number / Short Course Title (30 characters max.)  
HRMA / 1335 / FACILITIES MANAGEMENT
  - SCH: 3.00 Level: FR CIP Code: 52.0904.00 16 Lect Hrs: 3 Lab Hrs: 0
- Term(s) Course is Offered (\*see CBM003 instructions about selection):  
Fall, Spring, Summer

*course # change  
; prereq change*

4. Justification for adding/changing course: To more accurately reflect course content/level

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

- 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. \*See CBM003 instructions.)

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

HRMA / 2335 FACILITIES MANAGEMENT

- Course ID: 27119 Effective Date (currently active row): 8252003

9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)

Cr: 3. (3-0). Prerequisites: NONE Description (30 words max): Introduction to building systems and facilities management for hospitality establishments.

10. Dean's Signature: \_\_\_\_\_

Date: 10/11/13

Print/Type Name: Dr. Carl Boger