

UC 12507 13F

CBM003 ADD/CHANGE FORM

APPROVED FEB 19 2014

M.M.

Undergraduate Committee
 New Course Course Change
 Core Category: _____ Effective Fall 2014

or

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

1. Department: CCS College: CLASS

RECEIVED OCT 15 2013

2. Faculty Contact Person: Lois Zamora Telephone: 713-743-3781 Email: lzamora@uh.edu M.M.

3. Course Information on New/Revised course:

- Instructional Area / Course Number (*see CBM003 instructions) / Long Course Title:
ANTH / 4388 / Anthropology Internship Practicum
- Instructional Area / Course Number / Short Course Title (30 characters max.)
ANTH / 4388 / ANTHROPOLOGY PRACTICUM = 4388
- SCH: 3.00 Level: SR CIP Code: 38.0201.00.01 Lect Hrs: 0 Lab Hrs: 3
- Term(s) Course is Offered (*see CBM003 instructions about selection): Fall

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): B.A., B.S. in Anthropology

- 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: practicum (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

- Course ID: _____ Effective Date (currently active row): _____

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

Cr: 3. (0-3). Prerequisites: ENGL 1304 and consent of instructor. Description (30 words max.): Independent study option to document acquired experience in an approved internship program under the supervision of a faculty member. ~~Requires approval of the CCS Chair.~~

10. Dean's Signature: _____ Date: 10/14/13

Print/Type Name: Sarah Fishman