

UC 12368 13 F

CBM003 ADD/CHANGE FORM

APPROVED JAN 22 2014

M.M.

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

or

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

1. Department: Educational Psychology-Health Program College: EDUC
 2. Faculty Contact Person: Dr. Joel Bloom Telephone: 713-882-5832 Email: jbloom@uh.edu

3. Course Information on New/Revised course:
 Instructional Area / Course Number / Long Course Title:
HLT / 3325 / Medical Terminology
 Instructional Area / Course Number / Short Course Title (30 characters max.)
HLT / 3325 / MEDICAL TERMINOLOGY

RECEIVED SEP 19 2013

- SCH: 3.00 Level: JR CIP Code: 5100.00.14 Lect Hrs: 3 Lab Hrs: 0
D Terms Course is offered: Fall, Spring, and Summer
 4. Justification for adding/changing course: Successfully taught as a selected topics 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:
HLT / 4397 / Selected Topics: Medical Terminology
 Course ID: 26558 Effective Date (currently active row): 1182011

6. Authorized Degree Program(s): HLT
 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.)

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. (3-0). Prerequisites: Jr. Status Description (30 words max.): Learning the vocabulary of medical, dental and other allied health/medical fields.

10. Dean's Signature: _____ Date: 9/18/13
 Print/Type Name: Melissa Pierson