UC 8522 OSF

CBM003 ADD/CHANGE FORM

	Undergraduate Council New Course 🔯 Course Change re Category: Effective Fall <u>2006</u>	or	☐ Graduate/Professional Studies Co ☐ New Course ☐ Course Change Effective Fall	ouncil
1.	Department: <u>COMD</u> College: <u>CLASS</u>			
2.	Person Submitting Form: Sandra Gold-Singleton Telephone: 3-2893			
	Course Information on New/Revised course: • Instructional Area / Course Number / Long Course Title: COMD / 4382 / Management For Individuals With Hearing Impairment			
	 Instructional Area / Course Number / Short Course Title (30 characters max.) COMD / 4382 / AURAL REHABILITATION 			
	• SCH: <u>3.00</u> Level: <u>SR</u> CIP Code: <u>51.0204.0014</u> Lect Hrs: <u>3-0</u> Lab Hrs: <u>0-0</u>			
4.	Justification for adding/changing course: To reflect change in prerequisite course			
	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: ☐ / / Content ID: Start Date (yyyy3):			
6.	Is this course offered for undergraduate credit only? 🖂 Yes 🔲 No			
	Authorized Degree Program(s): COMD BA and COMD BS • Does this course affect major/minor requirements in the College/Department? • Does this course affect major/minor requirements in other Colleges/Departments? • Are special fees attached to this course? • Yes □ No • Can the course be repeated for credit? □ Yes □ No			
8.	Grade Option: Letter (A, B, C) Instruc	ction Typ	pe:	
	If this form involves a change to an existing co the course inventory: Instructional Area / Cour COMD / 3381 / Management For Individuals V	rse Numb Vith Hea	ber / Long Course Title	n
	• Start Date (yyyy3): 20013 Content I.D.:			
	Proposed Catalog Description: Cr: (3.0) Prerequisites: COMD 2380, COMI Principles, methodology, and procedures used Includes amplification devices, communication	with chil-	dren and adults living with hearing impai	irment.
11.	Dean's Signature:		Date:	18/00
	Print/Type Name: Sarah Fishman			(

2w1 9/15/05