## CBM003 ADD/CHANGE FORM

UC 8759 OSF

	Undergraduate Council  New Course  Course Change  re Category:  Effective Fall 2006	or	☐ Graduate/Professional Studies Council ☐ New Course ☐ Course Change Effective Fall
1.	Department: COMD College: CLASS		RECEIVED OCT 2 5 2005
2.	Person Submitting Form: Sandra Gold-Singleton	on Tele	phone: <u>3-2893</u>
3.	Course Information on New/Revised course:  • Instructional Area / Course Number / Long COMD / 4489 / Clinical Procedures IT	Course T	APPROVED DEC 0 7 2005
	<ul> <li>Instructional Area / Course Number / Short <u>COMD</u> / 4489 / Clinical <u>Procedures</u> IT</li> </ul>	Course T	itle (30 characters max.)
	• SCH: <u>4.00</u> Level: <u>SR</u> CIP Code: <u>51.020</u>	4.0014	Lect Hrs: <u>4-0</u> Lab Hrs: <u>0-0</u>
4.	Justification for adding/changing course: To re	eflect cha	ange in prerequisite course
5.	<ul> <li>5. Was the proposed/revised course previously offered as a special topics course? ☐ Yes ☐ No If Yes, please complete:</li> <li>• Instructional Area / Course Number / Long Course Title: / /</li> <li>• Content ID: Start Date (yyyy3):</li> </ul>		
6.	Is this course offered for undergraduate credit	only? 🔯	Yes No
<ol> <li>7.</li> <li>8.</li> </ol>	<ul> <li>Does this course affect major/minor requirements in the College/Department?</li> <li>Does this course affect major/minor requirements in other Colleges/Departments?</li> <li>Yes No</li> <li>Are special fees attached to this course?</li> <li>Yes No</li> <li>Can the course be repeated for credit?</li> <li>Yes No</li> </ul>		
9.	If this form involves a change to an existing of the course inventory: Instructional Area / Couronal COMD / 4489 / Clinical Procedures  • Start Date (yyyy3): 20013 Content I.D.:	rse Numb	
10. <b>Y</b> .	models and application strategies for clinical n	nanageme	
11	Dean's Signature: MM f~		Date: 10/13/01
	Print/Type Name:		