CBM003 ADD/CHANGE FORM

☐ Undergraduate Council
☐ New Course  ☐ Course Change
Core Category: NONE  Effective Fall 2007

or
☐ Graduate/Professional Studies Council
☐ New Course  ☐ Course Change
Effective Fall ___

1. Department: Communication  College: CLASS
2. Person Submitting Form: Jim Query, Ph.D.  Telephone: 3-8608
3. Course Information on New/Revised course:
   • Instructional Area / Course Number / Long Course Title:
     COMM / 3301 / Doctor-Patient Interaction
   • Instructional Area / Course Number / Short Course Title (30 characters max.)
     COMM / 3301 / DOCTOR-PATIENT INTERACTION
   • SCH: 3.00  Level: JR  CIP Code: 0909050001  Lect Hrs: 3  Lab Hrs: 0
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:
     COMM / 4397 / Doctor-Patient Interaction
   • Content ID: 284458  Start Date (yyyy'3): 20063
6. Is this course offered for undergraduate credit only? ☑ Yes  ☐ No
7. Authorized Degree Program(s): B. A. Comm
   • 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
   • 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 ...)  Instruction Type: lecture
9. 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
   ___ / ___ / ___
   • Start Date (yyyy'3): ___  Content I.D.: ___
10. Proposed Catalog Description:
    Cr. (3-0). Prerequisites: junior standing or consent of instructor. Description (30 words max.):
    Explores the nature of physician-patient interaction focusing on communication skills and advocacy development for
    both groups across the spectrum of health care delivery and examining selected theories.
11. Dean's Signature: ___________________________  Date: 4/14/06
    Print/Type Name: Dr. Sarah Fishman-Boyd