CBM003 ADD/CHANGE FORM

Undergraduate Council  
New Course  Course Change
Core Category:  
Effective Fall 2009

or

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

1. Department: CUIN  College: EDUC

2. Faculty Contact Person: Melissa Pierson  Telephone: 3-4961  Email: mpierson@uh.edu

3. Course Information on New/Revised course:
   - Instructional Area / Course Number / Long Course Title:
     EDUC / 4322 / Student Teaching: Theater - Elementary
   - Instructional Area / Course Number / Short Course Title (30 characters max.)
     EDUC / 4322 / STUDENT TEACHING: THEATER ELEM
   - SCH: 3.00  Level: SR  CIP Code: 1399992018  Lect Hrs: 3.0  Lab Hrs: 9.0

4. Justification for adding/changing course: To provide for new discipline areas

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): BA in Theater Education
   - 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, student teaching  (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. (3-9).  Prerequisites: completion of professional development sequence and admission to student
   teaching  • Description (30 words max.): Demonstration of specified competencies in a school setting
   guided by a cooperating teacher and directed by a university supervisor. Seminar required.

10. Dean’s Signature: ____________________________ Date: ____________
    Print/Type Name: Robert Wimpelberg

- Created on 10/20/08 12:15 -