CBM003 ADD/CHANGE FORM

☐ Undergraduate Council
☐ New Course  ☒ Course Change
Core Category: NONE  Effective Fall 2009

or

☐ Graduate/Professional Studies Council
☐ New Course  ☐ Course Change
Effective Fall __________

1. Department: COMD  College: CLASS

2. Person Submitting Form: Sandra Gold-Singleton  Telephone: 3-2893

3. Course Information on New/Revised course:
   • Instructional Area / Course Number / Long Course Title:
     COMD / 4390 / Clinical Procedures II
   • Instructional Area / Course Number / Short Course Title (30 characters max.)
     COMD / 4390 / CLINICAL PROCEDURES II
   • SCH: 3.00  Level: SR  CIP Code: 51.0201.00 14  Lect Hrs: 3.0  Lab Hrs: 0.0

4. Justification for adding/changing course: To delete course from inventory

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:
     ________ / ________ / ________
   • Content ID: ________  Start Date (yy/mm/dd): ________

6. Authorized Degree Program(s): BA/BS  ComD
   • 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

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
   COMD / 4390 / Clinical Procedures II
   • Start Date (yy/mm/dd): 08/27/08  Content ID.: 16183

9. Proposed Catalog Description: (If there are no prerequisites, type in "none")
   Cr: 3. (3-0). Prerequisites: COMD 3371, 3383, 4489, approved degree plan, and 3.0 GPA in major or
   consent of instructor.  Description (30 words max.): Advanced conceptual models and application
   strategies for clinical management.

10. Dean's Signature: ___________________________  Date: 10/21/08
    Print/Type Name: Dr. Sarah Fishman