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 / 4489 / Clinical Procedures
   • Instructional Area / Course Number / Short Course Title (30 characters max.):
     COMD / 4489 / CLINICAL PROCEDURES
   • SCH: 4.00  Level: SR  CIP Code: 51.0201.00.14  Lect Hrs: 4.0  Lab Hrs: 0.0

4. Justification for adding/changing course: To reflect change in prerequisite 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:
     ___ / ___ / ___
   • Content ID: ____  Start Date (yyyy3): _____

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 / 4489 / Clinical Procedures I
   • Start Date (yyyy3): 20033  Content I.D.: 16201  COMD

9. Proposed Catalog Description: (If there are no prerequisites, type in "none".)
   Cr: 4. (4-0).  Prerequisites: COMD 3375, 3380, approved degree plan and 3.0 major GPA or consent of
   the instructor  Description (30 words max.): Conceptual models and application strategies for clinical
   management of communication disorders in adults and children.

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

- Created on 8/25/2008 2:24:00 PM -